

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721246

1. Entity Name

THE GLADES COUNTRY CLUB APTS.ASSOCIATION, INC.

FILED

May 14, 2002 8:00 am
Secretary of State

05-14-2002 90049 026 ****61.25

00000070



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
174 TERYL ROAD NAPLES FL 34112 US		174 TERYL ROAD NAPLES FL 34112 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2310817	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROLL, ELIZABETH FALCON
174 TERYL RD
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	TD	GENRUE, THOMAS	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		581 TERYL ROAD # 1	
CITY-ST-ZIP		NAPLES FL 34112	
TITLE	SD	SLADE, NANCY	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		400 TERYL ROAD # 1	
CITY-ST-ZIP		NAPLES FL 34112	
TITLE	VD	HAUPT, WILLIAM	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		480 TERL ROAD #3	
CITY-ST-ZIP		NAPLES FL 34112	
TITLE	PD	APPELL, HAROLD	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		178 PRNNY LN.	
CITY-ST-ZIP		NAPLES FL 34112	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		BEHRKE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		JAMES WHALEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		224 PALM DR #3	
CITY-ST-ZIP		NAPLES, FL. 34112	
TITLE		DENSE, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		125 PENNY LAKE #7	
CITY-ST-ZIP		NAPLES, FL. 34112	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD APPELL 3/26/02 (94) 774-6899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)