

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90279 044 \*\*\*\*61.25

**DOCUMENT # 721246**

1. Entity Name  
**THE GLADES COUNTRY CLUB APTS.ASSOCIATION,  
INC.**



Principal Place of Business

174 TERYL ROAD  
NAPLES, FL 34112 US

Mailing Address

174 TERYL ROAD  
NAPLES, FL 34112 US

**50006157**



01112006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2310817**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CASSIO, JOHN  
174 TERYL RD  
NAPLES, FL 34112

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	GEHRKE, THOMAS
STREET ADDRESS	581 TERYL ROAD # 1
CITY-ST-ZIP	NAPLES, FL 34112 <i>Thomas Gehrke</i>
TITLE	SD
NAME	DENISE, JOHN
STREET ADDRESS	125 PENNY LANE NE 7
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	PD
NAME	THIEL, RUTH HITCHCOCK, CHARLES
STREET ADDRESS	113 WINTER GARDEN WAY #2
CITY-ST-ZIP	NAPLES, FL 34112 <i>464 TERYL RD. #1</i>
TITLE	VD
NAME	MAGRUDER, CLAUDE D
STREET ADDRESS	200 QUAIL NEST ROAD #2
CITY-ST-ZIP	NAPLES, FL 34112 <i>239 PARK DR H 1</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Thomas Gehrke* **THOMAS GEHRKE** *3/4/06* **(239) 774-6899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #