## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 721246**

1. Entity Name



## **FILED** Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90224 049 \*\*\*\*61.25

THE GLAD	ES COUNTRY CLUB APTS.A	SSOCIATION, INC.			111 2003 3022 101		1.23
		Mailing Address 174 TERYL ROAD NAPLES FL 34112 US			(1810 1)8() 0)8() 0)8() 8()8()	11 <b>4</b> 31 <b>818</b> 11 <b>8</b> 31	HI <b>4</b> 10H M <b>a</b> h
2. Principal Place of Business		3. Mailing Address					
Suite; Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ECK HERE IF MAKING (	CHANGES	
City & State	B Transfers	City & State	۶. ۶	4. FEI Number 59-2	2310817	<u> </u>	oplied For - ot Applicable
Zip	Country	Zip	Country	5. Certificate of Statu		8.75 Ad ee Require	
	6. Name and Address of Current R	Registered Agent		7. Name and Addre	ss of New Registered Ag	jent	
			Name				ĺ
roll, Elizabeth Falcon 174 Teryl RD			Street Address (P.O. Box Number is N		Acceptable)		
NAPLES F	FL 34112		City		FL	Zip Coc	le
	named entity submits this statement for one of registered agent.	the purpose of changing its re	gistered office or registe	ered agent, or both, in the	e State of Florida. I am fai	miliar with,	and accept
SIGNATURE _	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	legistered Agent signature require	ed when reinstating)	DATE		
د د <del>ر در دوختان</del>	<u> </u>	ب ر سروب بن مان و فياسية				7	
F	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Cor	· · ·	\$5.00 May Be Added to Fees	Make Check Florida Departn		
10.	OFFICERS AND DIRI	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEHRKE, THOMAS 581 TERYL ROAD # 1 NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	☐ Addition
STREET ADDRESS	SD WHALEN, JAMES 224 PALM PL #3 NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY ST-ZIP	VD DENSE, JOHN 125 PENNY LANE #7 NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD APPELL, HAROLD 178 PRNNY LN NAPLES FL 34112	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	The first of the party of the party		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parties 440 67/0///) First	de Statutes I further certif	Change	Addition

Intereory certify that the information supplied with this filling does not quality 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 Clapter 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 RECHERCE HERON

1239) 774-6899