

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90009 046 ****61.25

DOCUMENT # 724087

1. Entity Name
GLADIOLA GARDENS CONDOMINIUM, INC.



Principal Place of Business
**4801 NW. 34TH. STREET
LAUDERDALE LAKES, FL 33319 US**

Mailing Address
**C/O DCI, 2035 HARDING ST, STE 200
HOLLYWOOD, FL 33020 US**

40015829



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1459594

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYROWITZ, ANDY
2035 HARDING ST, STE 200
HOLLYWOOD, FL 33020**

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. 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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BOISQUEST, CLAUDE	
STREET ADDRESS	4801 34TH ST APT 414	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOSS, LINDA	
STREET ADDRESS	4801 NW 34TH APT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CLOUTIER, THERESE	
STREET ADDRESS	4801 NW 34TH ST APT 415	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHIPE, GLORIA	
STREET ADDRESS	4801 NW 34TH ST APT 405	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARDIN, GISELE	
STREET ADDRESS	4801 NW 34TH ST APT 601	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME	<i>Gloria Shipe</i>	
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOISVERT, CLAUDE	
STREET ADDRESS	4801 34TH ST. APT 414	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, LINDA	
STREET ADDRESS	4801 NW 34TH ST APT 507	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	FIRST V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOUTIER, THERESE	
STREET ADDRESS	4801 NW 34TH ST. APT. 415	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
TITLE	SECOND V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GONSALVES, JOHN	
STREET ADDRESS	4801 NW 34TH ST. APT 516	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDIN, GISELE	
STREET ADDRESS	4801 NW 34TH ST, APT. 601	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
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 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: *Gisele Cardin* **GISELE CARDIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 954-714-8380

Date Daytime Phone #