


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90017 033 \*\*\*\*61.25

<b>DOCUMENT # 724087</b>		
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
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2. Principal Place of Business - No P.O. Box # 7300 W. McNab Rd.	3. Mailing Address 7300 W. McNab Rd.
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc. Suite 220
City & State Tamarac, FL	City & State Tamarac, FL
Zip 33321	Zip 33321
Country US	Country US

01032008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1459594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MEYROWITZ, ANDY 2035 HARDING ST, STE 200 HOLLYWOOD, FL 33020	
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7. Name and Address of New Registered Agent Name: Property Maint Partners Street Address (P.O. Box Number is Not Acceptable) 7300 W. McNab Rd. #220 City: Tamarac FL Zip Code: 33321	
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOISVERT, CLAUDE 4801 34TH ST. SPT 414 FORT LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOSS, LINDA 4801 NW 34TH ST. APT. 507 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP CLOUTIER, THERESE 4801 NW 34TH ST APT 415 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP GONSALVES, JOHN 4801 NW 34TH ST. APT 516 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARDIN, GISELE 4801 NW 34TH ST APT 601 FORT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP CLOUTIER, THERESE 4801 NW 34TH ST APT. 415 FORT LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gloria Shipe 4801 NW 34th St, Apt 405 Fort Lauderdale, FL 33319 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: <u>Linda Moore</u> president	Date: <u>2/12/08</u>	Daytime Phone #: <u>954 771-5093</u>
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