

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 14, 2009
Secretary of State

DOCUMENT# 724087

Entity Name: GLADIOLA GARDENS CONDOMINIUM, INC.**Current Principal Place of Business:**7116 W MCNAB RD
TAMARAC, FL 33321 US**New Principal Place of Business:**10112 USA TODAY WAY
MIRAMAR, FL 33025 US**Current Mailing Address:**7116 W MCNAB RD
TAMARAC, FL 33321 US**New Mailing Address:**10112 USA TODAY WAY
MIRAMAR, FL 33025 US**FEI Number:** 59-1459594**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PROPERTY MANAGEMENT PARTNERS
7116 W MCNAB
TAMARAC, FL 33321 US**Name and Address of New Registered Agent:**SKRBIN, GEORGE PRES
C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

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: GEORGE SKRBIN

09/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: LAVIGNE, SERGE
Address: 4801 NW 34TH ST. APT. 613
City-St-Zip: FORT LAUDERDALE, FL 33319Title: 1VP () Delete
Name: GRENIER, MICHEL
Address: 4801 NW 34TH ST
City-St-Zip: FORT LAUDERDALE, FL 33319Title: 2VP () Delete
Name: GONSALVES, JOHN
Address: 4801 NW 34TH ST. APT 516
City-St-Zip: FORT LAUDERDALE, FL 33319Title: S () Delete
Name: CARDIN, GISELE
Address: 4801 NW 34TH ST APT 601
City-St-Zip: FORT LAUDERDALE, FL 33319Title: T () Delete
Name: CHARRON, ROBERT
Address: 4801 NW 34TH ST APT 409
City-St-Zip: FORT LAUDERDALE, FL 33319**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERGE LAVIGNE

PRES

09/14/2009

Electronic Signature of Signing Officer or Director

Date