

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 750723

1. Entity Name
GLADES TURNPIKE ASSOCIATION, INC.



Principal Place of Business
**7777 GLADES ROAD, SUITE 310
BOCA RATON, FL 33434**

Mailing Address
**7777 GLADES ROAD, SUITE 310
BOCA RATON, FL 33434**



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2073209

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FEURRING, DOUGLAS
7777 GLADES ROAD, SUITE 310
BOCA RATON, FL 33434**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

UN00000344234

04/29/05-89129-004 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DST
LOPEZ, KATHRYN A.
7777 GLADES ROAD #310
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
SCHMIER, ROBERT J.
7777 GLADES RD. #310
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
FEURRING, DOUGLAS R.
7777 GLADES ROAD #310
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WIENER, ELLIOTT
7777 GLADES ROAD #410
BOCA RATON, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Robert J. Schmier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Schmier, Pres.

April 28, 2005

561-483-8400

Date

Daytime Phone #