FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751136 (3)

1. Corporation Name

GLADIOLUS GARDENS RECREATIONAL AND MAINTENANCE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
COUNTRY ROAD FT. MYERS FL 33919 US	12650 WHITEHALL DRIVE FT. MYERS FL 33907 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1980
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2169253 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BENSON, MARK R.
12650 WHITEHEAD DRIVE
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 12650 Whitehall Drive
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, BILL	1.2 NAME	
STREET ADDRESS	8124 COUNTRY RD., #205	1.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	DANIEL, BILL	2.2 NAME	Woerner, Phil
STREET ADDRESS	2262 18TH ST	2.3 STREET ADDRESS	8071 Country Road, #103
CITY-ST-ZIP	WYANDOTTE MI	2.4 CITY-ST-ZIP	Fort Myers, FL
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	MOUNTJOY, LUTHER	3.2 NAME	
STREET ADDRESS	8108 COUNTRY RD #203	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	KAPHEIM, BILL	4.2 NAME	
STREET ADDRESS	550 NORTHGATE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LINDENHURST IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, HAROLD	5.2 NAME	DELETE
STREET ADDRESS	8279 MITCHELL RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	EDEN PRAIRIES MN	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	T/D ☒ Change ☐ Addition
NAME	SCHOO, WILLIAM	6.2 NAME	Maglott, Glenn
STREET ADDRESS	4906 MARLINSPIKE	6.3 STREET ADDRESS	8098 Country Road, #204
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	Fort Myers, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Luther Mountjoy Luther Mountjoy 4/24/95 (813) 277-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010188