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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751136

1. Corporation Name

GLADIOLUS GARDENS RECREATIONAL AND MAINTENANCE A SSOCIATION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 02/21/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2169253 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BENSON, MARK R. 12650 WHITEHALL DR FT. MYERS FL 33907	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	PATTON, GARNETT		1.2 NAME	Matusick, Tom	
STREET ADDRESS	8148 COUNTRY RD, 205		1.3 STREET ADDRESS	8101 Country Rd #203	
CITY-ST-ZIP	FORT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	TD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	WOERNER, PHIL		2.2 NAME	McMahon, Lambert	
STREET ADDRESS	8071 COUNTRY ROAD #103		2.3 STREET ADDRESS	8148 Country Rd #104	
CITY-ST-ZIP	FT MYERS FL		2. 4 CITY-ST-ZIP	Fort MyersFL 33919	
TITLE	VD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	MOUNTJOY, LUTHER		3.2 NAME	Brooks, Peggy	
STREET ADDRESS	8106 COUNTRY RD #203		3.3 STREET ADDRESS	8141 Country Rd #205	
CITY-ST-ZIP	FT MYERS FL		3.4. CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VAN DYKE, FRANCES		4. 2 NAME		
STREET ADDRESS	8135 COUNTRY RD, 106		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Tom Matusick REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-99 Date

9412625016 Daytime Phone #