

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90400 002 ****61.25

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01112005 Chg-NP CR2E037 (10/03)

DOCUMENT # 751136 1. Entity Name GLADIOLUS GARDENS RECREATIONAL AND MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business P&M PROPERTY MANAGAEMENT 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908 US			Mailing Address P&M PROPERTY MANAGAEMENT 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2169253	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent P&M PROPERTY MANAGAEMENT 15660 SAN CARLOS BLVD., #40 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GALONSKA, DIETRICH		NAME		
STREET ADDRESS	8141 COUNTRY RD #204		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	MCMAHON, LAMBERT		NAME	T JOAN MCMAHON	
STREET ADDRESS	8148COUNTRY RD		STREET ADDRESS	8148 COUNTRY RD #104	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ZOOK, JON		NAME		
STREET ADDRESS	8108 COUNTRY RD. #104		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	DOLANSKY, TOM		NAME	VP FRANK KOZLOWSKI	
STREET ADDRESS	8135 COUNTRY RD		STREET ADDRESS	7140 TWIN EAGLE LN	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SCRZNEY, GRACE		NAME		
STREET ADDRESS	8071 COUNTRY RD. #105		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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