## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#751136** 

FILED Mar 22, 2010 Secretary of State

Entity Name: GLADIOLUS GARDENS RECREATIONAL AND MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

SCHOO MGMT INC.

9411-2 CYPRESS LAKE DRIVE

FORT MYERS, FL 33919 US

C/O TURNKEY MANAGEMENT
11595 KELLY ROAD, SUITE 115
FORT MYERS, FL 33908 US

Current Mailing Address: New Mailing Address:

SCHOO MGMT INC.

9411-2 CYPRESS LAKE DRIVE
FORT MYERS, FL 33919 US

C/O TURNKEY MANAGEMENT
11595 KELLY ROAD, SUITE 115
FORT MYERS, FL 33908 US

FEI Number: 59-2169253 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GELLES, ROBERT E TURNKEY MANAGEMENT
C/O SCHOO MANAGEMENT INC 11595 KELLY ROAD
9411-2 CYPRESS LAKE DRIVE SUITE 115
FORT MYERS, FL 33919 US FORT MYERS, FL 33908 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: ELAINE M. PIERRO, CAM 03/22/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: F

 Name:
 YERGER, DAVID

 Address:
 8049 COUNTRY RD #202

 City-St-Zip:
 FORT MYERS, FL 33919 US

Title: VP

Name: KOZLOWSKI, FRANK
Address: 7140 TWIN EAGLE LANE
City-St-Zip: FORT MYERS, FL 33912 US

Title: S

Name: SCOTT, PATRICIA

Address: 8109 COUNTRY ROAD #202 City-St-Zip: FORT MYERS, FL 33919 US

Title:

Name: RAABE, CHARLES

Address: 8140 COUNTRY ROAD, #103 City-St-Zip: FORT MYERS, FL 33908 US

Title: [

 Name:
 VERSETTI, JOHN

 Address:
 8071 COUNTRY RD #201

 City-St-Zip:
 FORT MYERS, FL 33919 US

I hereby 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 all other like empowered.

SIGNATURE: ELAINE PIERRO CAM 03/22/2010