

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751136

FILED  
Mar 10, 2011  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

C/O TURNKEY ASSOCIATION MANAGEMENT LLC  
11595 KELLY ROAD, SUITE 120-A  
FORT MYERS, FL 33908 US

**Current Mailing Address:**

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

**New Mailing Address:**

C/O TURNKEY ASSOCIATION MANAGEMENT LLC  
11595 KELLY ROAD, SUITE 120-A  
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:**

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

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

TURNKEY ASSOCIATION MANAGEMENT LLC  
11595 KELLY ROAD  
SUITE 120-A  
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 PIERRO

03/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, ALAN  
Address: 11595 KELLY ROAD #120-A  
City-St-Zip: FORT MYERS, FL 33908 US

Title: VP  
Name: KOZLOWSKI, FRANK  
Address: 11595 KELLY ROAD #120-A  
City-St-Zip: FORT MYERS, FL 33908 US

Title: S  
Name: SCOTT, PATRICIA  
Address: 11595 KELLY ROAD #120-A  
City-St-Zip: FORT MYERS, FL 33908 US

Title: T  
Name: LESURE, LINDA  
Address: 11595 KELLY ROAD #120-A  
City-St-Zip: FORT MYERS, FL 33908 US

Title: D  
Name: GALONSKA, DIETRICH  
Address: 11595 KELLY ROAD #120-A  
City-St-Zip: FORT MYERS, FL 33909 US

Title: D  
Name: LIEBERWIRTH, NADJA  
Address: 11595 KELLY ROAD #120-A  
City-St-Zip: FORT MYERS, FL 33908 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

03/10/2011

Electronic Signature of Signing Officer or Director

Date