



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90072 042 \*\*\*\*61.25

<b>DOCUMENT # 751137</b> 1. Entity Name <b>GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION I, INC.</b>			
Principal Place of Business <b>15660 SAN CARLOS BLVD #40</b> <b>FORT MYERS, FL 33908 US</b>		Mailing Address <b>15660 SAN CARLOS BLVD #40</b> <b>FORT MYERS, FL 33908 US</b>	
2. Principal Place of Business - No P.O. Box # <i>School Management Inc</i> Suite, Apt. #, etc. <b>941-2 Cypress Lake Dr.</b> City & State <b>Fe. Myers FL</b> Zip <b>33919</b> Country <b>USA</b>		3. Mailing Address <i>School Management Inc</i> Suite, Apt. #, etc. <b>941-2 Cypress Lake Dr.</b> City & State <b>Fe. Myers FL</b> Zip <b>33919</b> Country <b>USA</b>	
			
		01092007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-2646675</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SAPP, PAUL L</b> <b>P&amp;M PROPERTY MANAGEMENT</b> <b>15660 SAN CARLOS BLVD #40</b> <b>FORT MYERS, FL 33908</b>		7. Name and Address of New Registered Agent Name <i>Bob Gelles</i> Street Address (P.O. Box Number is Not Acceptable) <i>16 School Management Inc</i> <i>941-2 Cypress Lake Drive</i> City <b>Fe. Myers</b> <b>FL</b> Zip Code <b>33919</b>	
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 <i>Robert E. Gelles</i> <i>Robert E. Gelles, CAM</i> <b>4-21-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ZEGLARSKI, EDWARD 8156 COUNTRY RD #103 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST LANE, GEORGE 8156 COUNTRY RD # 204 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V MACDONALD, DUANE 8156 COUNTRY RD # 205 FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 exemptions contained in Chapter 119, 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: <i>Edward Zeglarski</i> <b>Edward Zeglarski, Pres</b> <b>4-20-07</b> <b>(239) 481-4700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying Phone #</small>			