2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# 752937

Entity Name: GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION III, INC.

Current Principal Place of Business:

1620 MEDICAL LANE
SUITE 122
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

1620 MEDICAL LANE
SUITE 122
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 59-2165563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SORGI, J.R.
1620 MEDICAL LN
SUITE 122
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: DANIELS, MARGE,
Address: 8124 COUNTRY RD SW #103
City-St-Zip: FT MYERS, FL

Title: PD ( ) Delete
Name: MITCHELL, WILLIAM,
Address: 8124 COUNTRY RD SW #201
City-St-Zip: FT MYERS, FL 00000,

Title: VPD (X) Delete
Name: DANIELS, GEORGE,
Address: 8124 COUNTRY RD SW #202
City-St-Zip: FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: MITCHELL, WILLIAM,
Address: 8140 COUNTRY RD SW #205
City-St-Zip: FT MYERS, FL 33907

Title: PD (X) Change ( ) Addition
Name: DANIELS, GEORGE,
Address: 8140 COUNTRY RD SW #202
City-St-Zip: FT MYERS, FL 33907

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM MITCHELL STD 04/20/2006

Electronic Signature of Signing Officer or Director — Date