

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90472 021 \*\*\*\*61.25

**DOCUMENT # 752937**

1. Entity Name  
**GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTI  
ON III, INC.**



Principal Place of Business  
**1620 MEDICAL LANE  
SUITE 122  
FORT MYERS FL 33908**

Mailing Address  
**1620 MEDICAL LANE  
SUITE 122  
FORT MYERS FL 33908**

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 **59-2165563**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 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

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>DANIELS, MARGE</b>	
STREET ADDRESS	<b>8124 COUNTRY RD SW #103</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MITCHELL, WILLIAM</b>	
STREET ADDRESS	<b>8124 COUNTRY RD SW #201</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 00000</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>DANIELS, GEORGE</b>	
STREET ADDRESS	<b>8124 COUNTRY RD SW #202</b>	
CITY-ST-ZIP	<b>FT MYERS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED**

1/3/03

278-4092

CR2E037 (10/02)