2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752938

FILED Feb 03, 2009 Secretary of State

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

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

SCHOO MANAGEMENT INC 9411-2 CYPRESS LAKES DR FORT MYERS, FL 33919

New Mailing Address: Current Mailing Address:

SCHOO MANAGEMENT INC 9411-2 CYPRESS LAKES DR FORT MYERS, FL 33919

FEI Number: 59-2165558 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, BOB GELLES, ROBERT E SCHOOL MANAGEMENT INC. SCHOO MANAGEMENT INC 9411-2 CYPRESS LAKES DR 9411-2 CYPRESS LAKES DR FORT MYERS, FL 33919 US FORT MYERS, FL 33919 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: ROBERT E. GELLES 02/03/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BECKER, STEVE PERALTA, CESAR Name: Name: 8148 COUNTRY RD 205 Address: 8162 COUNTRY ROAD UNIT 103 Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919 US

Title: Title: (X) Change () Addition () Delete MCMAHON, JOAN Name: FORTUNA, NORBERT Name: Address:

8148 COUNTRY RD #104 Address: 8148 COUNTRY ROAD UNIT 106 City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919 US

Title: () Delete Title: (X) Change () Addition MOHAHAN, JAMES MCMAHON, JOAN Name: Name:

8148 COUNTRY RD #204 14543 ABACO LAKES DRIVE #102 Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33908 US

Title: (X) Delete Title: () Change () Addition

KAFSAYLAN, EDWARD Name: 8148 COUNTY RD #104 Address: Address: City-St-Zip: FT MYERS, FL 33919 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CESAR PERALTA **PRES** 02/03/2009