2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am

Secretary of State

02-13-2006 90001 023 ****61.25

DOCUMENT #754073 1. Entity Name GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION SECTION VI. INC. Principal Place of Business Mailing Address 15660 SAN CARLOS BLVD #40 15660 SAN CARLOS BLVD C/O P&M PROPERTY MGT FORT MYERS, FL 33908 FORT MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRIN

SIGNATURE:

15660 SAN CARLOS BLVD 156 40 C/0		15660 C/O Pa	ailing Address 15660 SAN CARLOS BLVD #40 C/O P&M PROPERTY MGT ORT MYERS, FL 33908 US				ANU RAN FAM IAAA IN A	1814 8 1803 81811 1	ILOU OLOH OLOHUBI OLUHUI	
2. Principal Place of Business 3. Mai			Mailing Address							
Suite, Apt. #, etc. Su			Suite, Apt. #, etc.			01052006	Chg-NP	CR2E037	(11/05)	
City & State			City & State			4. FEI Number Applied For 59-2391872 Not Applicable				
Zip	Country	Zip		Coun	try	5. Certificate of	of Status Desired		8.75 Additional se Required	
	Agent		7. Name and Address of New Registered Agent				ent			
SAPP, PAUL					Name					
C/O P&M PROPERTY MGT 15660 SAN CARLOS BLVD. #40			Street Address			(P.O. Box Number is Not Acceptable)				
FORT MYERS, FL 33908										
			City					FL	Zip Code	
	named entity submits this statement ions of registered agent.	far the purpa	se of changing its re	egistered	office or regis	stered agent, or bott	h, in the State of Flori	da. I am far	miliar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applic	able. (NOTE.	Registered A	gent signature requ	ired when reinstating)		DATE		
		·				·				
	Filing Fee is \$61.25 Due by May 1, 2006	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 11.				11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIEBE, JOERG 15660 SAN CARLOS BLVD, #40 FORT MYERS, FL 33908		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				(Change Addition	
TITLE NAME	TS THOMAS, MICHELLE		☐ Delete	TITLE NAME				[Change Addition	

TS Delete TITLE TeTL F NAME THOMAS, MICHELLE 15660 SAN CARLOS BLVD, #40 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP VP. THTLE □ Detete TiTLE ☐ Change ☐ Addition SCOTTO, BIAGIO NAME NAME 15660 SAN CARLOS BLVD, #40 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE TITLE ☐ Change ■ Addition ☐ Delete 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

NAME OF SIGNING OFFICER OR DIRECTOR