



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90056 017 \*\*\*\*61.25

<b>DOCUMENT # 754074</b> 1. Entity Name <b>GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION V, INC.</b>					
Principal Place of Business <b>P &amp; M PROPERTY MANAGEMENT</b> <b>15660 SAN CARLOS BLVD. #40</b> <b>FORT MYERS, FL 33908 US</b>				Mailing Address <b>P &amp; M PROPERTY MANAGEMENT</b> <b>15660 SAN CARLOS BLVD. #40</b> <b>FORT MYERS, FL 33908 US</b>	
2. Principal Place of Business - No P.O. Box # <i>P &amp; M Property Mgmt.</i>		3. Mailing Address <i>P &amp; M Property Mgmt.</i>			
Suite, Apt. #, etc. <i>14310 S. Tamiami Trl. #B</i>		Suite, Apt. #, etc. <i>14310 S. Tamiami Trl. #B</i>			
City & State <i>Fort Myers, FL</i>		City & State <i>Fort Myers, FL</i>			
Zip <i>33912</i>		Country <i>Lee</i>		4. FEI Number <b>59-2267320</b>	
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent <b>SAPP, PAUL</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>Paul Sapp</i> Street Address (P.O. Box Number is Not Acceptable) <i>P &amp; M Property Mgmt.</i> <i>14310 S. Tamiami Trl. #B</i> City <i>Fort Myers</i> FL Zip Code <i>33912</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by 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 Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, KEN 8234 CRESTVIEW RD STILLMAN VALLEY, IL 61084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BERNADINE, BUTLER 14571 DAFFODIL DR FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOLANSKY, THOMAS 8135 COUNTRY ROAD #203 FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>Thomas P. Dolansky</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>3/6/07</i> Daytime Phone # <i>239-267-0293</i>					