


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 754074	
1. Entity Name GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION V, INC.	

FILED

07 MAY 17 PM 4:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business P & M PROPERTY MANAGEMENT 14360 S TAMAMI TRL #B FORT MYERS, FL 33912 US	Mailing Address P & M PROPERTY MANAGEMENT 14360 S TAMAMI TRL #B FORT MYERS, FL 33912 US
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2. Principal Place of Business - No P.O. Box # <i>Schoo Management Inc</i> <i>9441-2 Cypress Lake Dr</i> City & State <i>FL Myers, FL</i> Zip <i>33919</i> Country <i>USA</i>	3. Mailing Address <i>Schoo Management Inc</i> <i>9441-2 Cypress Lake Dr</i> City & State <i>FL Myers, FL</i> Zip <i>33919</i> Country <i>USA</i>
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04042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2267320	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent <del>SAPP, PAUL</del> <del>P &amp; M PROPERTY MANAGEMENT</del> <del>14360 S TAMAMI TRL #B</del> <del>FORT MYERS, FL 33912</del>	7. Name and Address of New Registered Agent Name <i>Bob Gelles</i> Street Address (P.O. Box Number is Not Acceptable) <i>Schoo Management Inc</i> <i>9441-2 Cypress Lake Drive</i> City <i>FL Myers</i> State <i>FL</i> Zip <i>33919</i>
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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 *Robert E. Gelles* *Robert E. Gelles, ATT* *4/19/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>700103611307</i> <i>05/31/07--01033--012 **61.25</i>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas Dolansky* *Thomas Dolansky, Pres.* *4-18-07* *(251) 481-4700*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #