

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754074

FILED
Jan 31, 2011
Secretary of State

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

Current Principal Place of Business:

%TURNKEY MANAGEMENT
11595 KELLY ROAD, #115
FORT MYERS, FL 33908 US

New Principal Place of Business:

C/O TURNKEY ASSOCIATION MANAGEMENT LLC
11595 KELLY ROAD, #120-A
FORT MYERS, FL 33908 US

Current Mailing Address:

%TURNKEY MANAGEMENT
11595 KELLY ROAD, #115
FORT MYERS, FL 33908 US

New Mailing Address:

C/O TURNKEY ASSOCIATION MANAGEMENT LLC
11595 KELLY ROAD, #120-A
FORT MYERS, FL 33908 US

FEI Number: 59-2267320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNKEY MANAGEMENT
11595 KELLY ROAD
SUITE 115
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

TURNKEY ASSOCIATION MANAGEMENT LLC
11595 KELLY ROAD
SUITE 120-A
FORT MYERS, FL 33908 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: ELAINE PIERRO

01/31/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MOSLEY, WILMA
Address: 11595 KELLY ROAD #120-A
City-St-Zip: FORT MYERS, FL 33908 US

Title: VP
Name: WILLIAMS, KENNETH
Address: 11595 KELLY ROAD #120-A
City-St-Zip: FORT MYERS, FL 33908 US

Title: S/T
Name: DOLANSKY, BARBARA
Address: 11595 KELLY ROAD #120-A
City-St-Zip: FORT MYERS, FL 33908 US

I hereby 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 all other like empowered.

SIGNATURE: ELAINE PIERRO

CAM

01/31/2011

Electronic Signature of Signing Officer or Director

Date