2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#754339

FILED Feb 04, 2009 Secretary of State

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

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

SCHOO MGMT INC 9411-2 CYPRESS LAKE DR. FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

SCHOO MGMT INC 9411-2 CYPRESS LAKE DR. FORT MYERS, FL 33919 US

FEI Number: 59-2696287 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
C/O SCHOO MGMT INC
9411-2 CYPRESS LAKE DR.
FORT MYERS, FL 33919 US
GELLES, ROBERT E
C/O SCHOO MGMT INC
9411-2 CYPRESS LAKE 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 02/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 PERALTO, CESAR
 Name:
 DAMRON, MAX

 Address:
 8162 COUNTRY ROAD, #103
 Address:
 8162 COUNTRY ROAD, #202

Address: 8162 COUNTRY ROAD, #103 Address: 8162 COUNTRY ROAD, #202
City-St-Zip: FORT MYERS, FL 33919 US City-St-Zip: FORT MYERS, FL 33919 US

Title: VP () Delete Title: VP (X) Change () Addition Name: PARHAM, MARILYN Name: PERALTA, CESAR

 Address:
 1616 CAPE CORAL PWAY W
 Address:
 8162 COUNTRY ROAD, #103

 City-St-Zip:
 CAPE CORAL, FL 33914 US
 City-St-Zip:
 FORT MYERS, FL 33919 US

Title: T () Delete Title: S/T (X) Change () Addition Name: SECIY, JESCIA Name: PARHAM, MARILYN

Address: 8162 COUNTRY RD, #205 Address: 1616 CAPE CORAL PARKWAY W. #107

City-St-Zip: FORT MYERS, FL 33919 US City-St-Zip: CAPE CORAL, FL 33914 US

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: MAX DAMRON PRES 02/04/2009