2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-07-2007 90072 049 ****61.25
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07 MAY 17 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40107452

DOCUMENT # 754467

1. Entity Name
GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION IV, INC

Principal Place of Business	Mailing Address
P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 US	P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Schoo Management, Inc	Schoo Management, Inc
Suite, Apt. #, etc. 9411-2 Cypress Lake Dr.	Suite, Apt. #, etc. 9411-2 Cypress Lake Dr.
City & State Ft. Myers, FL.	City & State Ft. Myers, FL
Zip 33919 Country USA	Zip 33919 Country USA

04042007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2169255 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAPP, PAUL P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 PALM BAY, FL. 32908	Name: Bob Geiles (Street Address (P.O. Box Number is Not Acceptable)) Schoo Management Inc. 9411-2 Cypresslake Drive City: Ft. Myers, FL Zip Code: 33914

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. Geiles Robert E. Geiles, Agt 4/16/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by May 1, 2007

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ANHOLT, CAMERON 8141 COUNTRY RD, #101 FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DIETZ, JOE 8141 COUNTRY RD FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DIETRICH, GALONSKA 8141 COUNTRY RD #204 FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Gabriela Dietrich Gabriela Dietrich, Pres. 4/16/07 (239) 481-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #