

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 756047**

1. Corporation Name

GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTI ON VII, INC.

Pinicipal Place of Business
8109 COUNTRY RD.
#202
FT MYERS FL 33919
U\$

Original Place of Business

2a. Mailing Address

756 WINDLASS WAY SANIBEL FL 33957

FILED May 08, 1999 8:00 am § Secretary of State

05-08-1999 90033 029 ****61.25



3. Date Incorporated or Qualifed

Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Country Zip Country Zip Country CRAIG, WILLIAM E. 756 WINDLASS WAY SANIBEL FL 33957 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing) OFFICERS AND DIRECTORS IN 12 TITLE PD CRAIG, WINDLESS DR SANIBEL FL 00000 14 CITY-ST-ZP SANIBEL FL 00000 Applicable for Not Applicable in Not Applicable. (NOTE: Registered Agent signature required when reinstaing) DATE CRAIG, WM E 756 WINDLESS DR SANIBEL FL 00000	2. Principal Pla	Place of Business 2a. Mailing Address				3. Date Incorporated or Qualifed			
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9. Name and Address of Current Registered Agent CRAIG, WILLIAM E. 756 WINDLASS WAY SANIBEL FL 33957 18	····					6. Election Campaign Financing	\$5.00	May Be	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayume Phone #