

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90229 004 ****61.25

DOCUMENT # 756047

1. Entity Name

GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTI

Principal Place of Business

Mailing Address

8109 COUNTRY RD.
 #202
 FT MYERS FL 33919
 US

756 WINDLASS WAY
 SANIBEL FL 33957-4918
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2129151

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

CRAIG, WILLIAM E.
756 WINDLASS WAY
SANIBEL FL 33957

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	CRAIG, WM E	
STREET ADDRESS	756 WINDLESS DR	
CITY-ST-ZIP	SANIBEL, FL 00000	
TITLE	STD	☐ Delete
NAME	SCOTT, TERRI	
STREET ADDRESS	8109 COUNTRY RD., SUITE 202	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	D	☒ Delete
NAME	CRAIG, BARBERA	
STREET ADDRESS	756 WINDLESS DR	
CITY-ST-ZIP	SANIBEL, FL 00000	
TITLE	D	☐ Delete
NAME	OSLDAK, PAUL	
STREET ADDRESS	8109 COUNTRY RD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	☐ Delete
NAME	GRASER, JOHN	
STREET ADDRESS	8109 COUNTRY ROAD	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☒ Change ☐ Addition
NAME	DROTLOFF, FRED L	
STREET ADDRESS	383 TRICIA LANE	
CITY-ST-ZIP	Fort Myers FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☐ Change ☐ Addition
NAME	OSIDAK, PAUL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	FRASER, John	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED

April 13/2000

CR2E037 (9/99)