2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 756047

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

Principal Place of Business	Mailing Address
8109 COUNTRY RD. #104 FT MYERS, FL 33919 US	12370 ACCIPITER DR ORLANDO, FL 32837 US

01222004 No Chg-NP CR2E037 (10/03)

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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

RAY MALSON, CHARLES
12370 ACCIPITER DR
ORLANDO, FL 32837

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DROTLEFF, FRED L
STREET ADDRESS	383 TRICIA LANE
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	SCOTT, TERRI
STREET ADDRESS	8109 COUNTRY RD., SUITE 202
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	OSIDAK, PAUL
STREET ADDRESS	8109 COUNTRY RD.
CITY-ST-ZIP	FT. MYERS, FL
TITLE	D
NAME	FRASER, JOHN
STREET ADDRESS	8109 COUNTRY ROAD
CITY-ST-ZIP	FORT MYERS, FL
TITLE	ST
NAME	MALSON, MONA
STREET ADDRESS	12370 ACCIPITER DR
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	P
NAME	RAY MALSON, CHARLES
STREET ADDRESS	12370 ACCIPITER DR
CITY-ST-ZIP	ORLANDO, FL 32837

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01/28/04-80064-015 61.25

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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: _____ CHARLES RAY MALSON 1/23/04 407-240 3108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #