2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State
03-03-2005 90182 023 ****61.25

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

02282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	6400 WARREN CT Suite, Apt. #, etc.
City & State	ST. CLOUD, FL.
Zip / Country	34771 / US

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
RAY MALSON, CHARLES 12370 ACCIPITER DR ORLANDO, FL 32837	Name MALSON, CHARLES R. Street Address (P.O. Box Number is Not Acceptable) 6400 WARREN CT. City ST. CLOUD FL Zip Code 34771

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 Charles R Malson PRESIDENT 2/28/05
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, 2005

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	D DROTLEFF, FRED L 383 TRICIA LANE FORT MYERS, FL 33908	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, TERRI 8109 COUNTRY RD., SUITE 202 FORT MYERS, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OSIDAK, PAUL 8109 COUNTRY RD. FT. MYERS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRASER, JOHN 8109 COUNTRY ROAD FORT MYERS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MALSON, MONA 12370 ACCIPITER DR ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST. MALSON, MONA 6400 WARREN CT ST. CLOUD FL. 34771	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RAY MALSON, CHARLES 12370 ACCIPITER DR ORLANDO, FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALSON, CHARLES 6400 WARREN CT. ST. CLOUD FL 34771	☑ Change ☐ Addition

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 R Malson 2/28/05 407 498 0214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #