

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756047

FILED
Mar 10, 2008
Secretary of State

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

Current Principal Place of Business:

8109 COUNTRY RD.
#104
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

6400 WARREN CT
SAINT CLOUD, FL 34771 US

New Mailing Address:

FEI Number: 59-2129151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY MALSON, CHARLES
6400 WARREN CT
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

MALSON, CHARLES R PR
6400 WARREN CT
SAINT CLOUD, FL 34771 US

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: CHARLES RAY MALSON

03/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DROTLEFF, FRED L
Address: 383 TRICIA LANE
City-St-Zip: FORT MYERS, FL 33908

Title: D () Delete
Name: SCOTT, TERRI
Address: 8109 COUNTRY RD., SUITE 202
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: OSIDAK, PAUL
Address: 8109 COUNTRY RD.
City-St-Zip: FT. MYERS, FL

Title: D () Delete
Name: FRASER, JOHN
Address: 8109 COUNTRY ROAD
City-St-Zip: FORT MYERS, FL

Title: ST () Delete
Name: MALSON, MONA
Address: 6400 WARREN CT
City-St-Zip: SAINT CLOUD, FL 34771

Title: D () Delete
Name: MALSON, CHARLES
Address: 6400 WARREN CT
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R MALSON

PR

03/10/2008

Electronic Signature of Signing Officer or Director

Date