2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 756047

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:

8109 COUNTRY RD
FT. MYERS, FL 33919 US

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:

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

Name and Address of New Registered Agent:

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: _____
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
Name:	
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 04/20/2009
Electronic Signature of Signing Officer or Director — Date