2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91881 011 ****61.25

DOCUMENT # 756047

1. Entity Name
GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTI ON VII, INC.

Principal Place of Business	Mailing Address
8109 COUNTRY RD. #202 FT MYERS FL 33919 US	756 WINDLASS WAY SANIBEL FL 33957 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8109 COUNTRY RD	12370 ACCIPITER DR
Suite, Apt. #, etc.: 104	Suite, Apt. #, etc.
City & State: FT MYERS FL	City & State: ORLANDO FL.
Zip: 33919 Country: USA	Zip: 32837 Country: USA

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: CHARLES RAY MALSON Street Address (P.O. Box Number is Not Acceptable): 12370 ACCIPITER DR City: ORLANDO FL Zip Code: 32837

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 Ray Malson CHARLES RAY MALSON (PRESIDENT) 4/28/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DROTLEFF, FRED L 383 TRICIA LANE FT MYERS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DROTLEFF, FRED L 383 TRICIA LANE FT MYERS 33908	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCOTT, TERRI 8109 COUNTRY RD., SUITE 202 FT MYERS, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, TERRI 8109 COUNTRY RD SUITE 202 FT. MYERS 33919	☑ 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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MONA MALSON 12370 ACCIPITER DR ORLANDO FL 32837	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHARLES RAY MALSON 12370 ACCIPITER DR ORLANDO FL 32837	☐ Change ☑ Addition

CR2E037 (10/02)

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 PRESIDENT 4/28/03 407 240 3108