

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90072 045 ****61.25

DOCUMENT # 756048

1. Entity Name
**GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION,
SECTION IX, INC.**



Principal Place of Business
**9411 CYPRESS LAKE DR
SUITE 2
FT MYERS, FL 33919 US**

Mailing Address
**9411 CYPRESS LAKE DR
SUITE 2
FT MYERS, FL 33919 US**

40107456



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1549156

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CRUZ, BRYAN
9411 CYPRESS LAKE DR
SUITE 2
FT MYERS, FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 September 14, 2007**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	NOCERA, ELIZABETH	
STREET ADDRESS	8093 COUNTRY RD #203	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHOO, PATRICIA	
STREET ADDRESS	4396 WINDJAMMER LANE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, MARCO	
STREET ADDRESS	8093 COUNTRY RD #203	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nocera, Elizabeth	
STREET ADDRESS	8093 Country Rd #203	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schoo, Patricia	
STREET ADDRESS	14545 Majestic Eagle Court	
CITY-ST-ZIP	FT Myers, FL 33912	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anderson, Marco	
STREET ADDRESS	8093 Country Rd #	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/07

Date

239-481-4700

Daytime Phone #