


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90022 045 \*\*\*\*61.25

<b>DOCUMENT # 756050</b> 1. Entity Name <b>GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION XII, INC.</b>					
Principal Place of Business <b>P&amp;M PROPERTY MGMT. 15660 SNA CARLOS BLVD., #40 FORT MYERS, FL 33908 US</b>			Mailing Address <b>P&amp;M PROPERTY MGMT. 15660 SNA CARLOS BLVD., #40 FORT MYERS, FL 33908 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0574632</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>P&amp;M PROPERTY MGMT. 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908</b>				Name <b>SAPP, PAUL</b> Street Address (P.O. Box Number is Not Acceptable) <b>P&amp;M PROPERTY MGMT #40</b> <b>15660 SAN CARLOS BLVD</b> City <b>FORT MYERS</b> <b>FL</b> 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 <u><i>Paul J. Sapp</i></u> <span style="float: right;">1/14/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REYNOLDS, GARY</b> <b>8049 COUNTRY RD 105</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WILLIAMS, JUNE</b> <b>8049 COUNTRY RD 201</b> <b>FORT MYERS, FL 33908</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BUZKIEWICZ, TED</b> <b>8049 COUNTRY RD 106</b> <b>FORT MYERS, FL 33908</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u><i>Paul J. Sapp</i></u> <span style="float: right;">1/14/06</span> <span style="float: right;">239 481-1522</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**60006880**



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