

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-07-2007 90072 046 ****61.25

DOCUMENT # 756050 1. Entity Name GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION XII, INC.					
Principal Place of Business P&M PROPERTY MGMT. 15660 SNA CARLOS BLVD., #40 FORT MYERS, FL 33908 US			Mailing Address P&M PROPERTY MGMT. 15660 SNA CARLOS BLVD., #40 FORT MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box # <i>Schoo Management</i> Suite, Apt. #, etc. <i>9411 Cypress Lake Dr. Ste 2</i> City & State <i>FL Myers FL</i>		3. Mailing Address <i>Schoo Management</i> Suite, Apt. #, etc. <i>9411 Cypress Lake Dr. Ste 2</i> City & State <i>FL Myers FL</i>			
Zip <i>33919</i>		Country <i>USA</i>		4. FEI Number 65-0574632	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SAPP, PAUL 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name <i>Schoo Management Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>9411 Cypress Lake Dr. Ste 2</i> City <i>FL Myers</i> Zip Code <i>33919</i>		
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 <i>Robert E. Gelles</i> (NOTE: Registered Agent signature required when registering) DATE <i>4-25-07</i>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P REYNOLDS, GARY 8049 COUNTRY RD 105 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JUNE 264 SHORT RUN RD GALETON, PA 16922	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUZKIEWICZ, TED 8049 COUNTRY RD 106 FORT MYERS, FL 33908	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: <i>Gary Reynolds</i> <i>Gary Reynolds, Pres.</i> DATE <i>4-22-07</i> (239) 481-4700		