
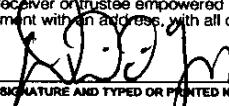


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90044 025 ****61.25

DOCUMENT # 756050 1. Entity Name GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION XII, INC.					
Principal Place of Business SCHOO MGMT 9411 CYPRESS LAKE ST. STE 2 FORT MYERS, FL 33919 US			Mailing Address SCHOO MGMT 9411 CYPRESS LAKE ST. STE 2 FORT MYERS, FL 33919 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0574632	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCHOO MGMT INC. 9411 CYPRESS LAKE ST. STE 2 FORT MYERS, FL 33919				7. Name and Address of New Registered Agent Name SCHOO MGMT INC. Street Address (P.O. Box Number is Not Acceptable) 9411-2 CYPRESS LAKE DR. City FORT MYERS FL Zip Code 33919	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 <input checked="" type="checkbox"/> Delete 8049 COUNTRY RD 105 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVID YERGER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8049 COUNTRY RD #202 FORT MYERS, FLA 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, JUNE <input type="checkbox"/> Delete 264 SHORT RUN RD GALETON, PA 16922		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUZKIEWICZ, TED <input checked="" type="checkbox"/> Delete 8049 COUNTRY RD 106 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY PEGGY GRAHAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8049 COUNTRY RD #102 FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA. GARY REYNOLDS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8049 COUNTRY RD #105 FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 4-11-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		