

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90077 040 ****61.25

DOCUMENT # 756064
1. Entity Name GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION XI, INC.

Principal Place of Business 15660 SAN CARLOS BLV 40 FT MYERS, FL 33908 US	Mailing Address 15660 SAN CARLOS BLV 40 FT MYERS, FL 33908 US
--	--

40032685



2. Principal Place of Business - No P.O. Box # P+M Property Mgt. Suite, Apt. #, etc. 14360 S. Tamiami Trl. #B City & State Fort Myers, FL Zip 33912 Country Lee	3. Mailing Address P+M Property Mgt. Suite, Apt. #, etc. 14360 S. Tamiami Trl. #B City & State Fort Myers, FL Zip 33912 Country Lee
--	--

01152007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0250412	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent SAPP, PAUL 19660 SAN CARLOS BLVD # 40 FT MYERS, FL 33908	7. Name and Address of New Registered Agent Name: Paul Sapp Street Address (P.O. Box Number is Not Acceptable) P+M Property Mgt. 14360 S. Tamiami Trl. #B City: Fort Myers FL Zip Code: 33912
---	--

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 terminating) DATE

Filing Fee is \$61.25 Due by May 1, 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 KOZLOWSKI, FRANK 7140 TWIN EAGLE #203 FT MYERS, FL 33912 <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	V LANCASTER, PAT 8061 COUNTRY RD 203 FT MYERS, FL 33919 <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	ST SMITH, NICKI 6796 PLANTATION MANOR FORT MYERS, FL 33912 <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
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: Frank J. Kozlowski President 2/24/07 (239) 433-5318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
FRANK J. KOZLOWSKI