



2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 756064 1. Entity Name GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION XI, INC.				FILED 07 MAY 17 PM 3:32 ALA BAHAMAS, FLORIDA	
Principal Place of Business P&M PROPERTY MGT 14360 S. TAMAMI TRL #B FORT MYERS, FL 33912 US		Mailing Address P&M PROPERTY MGT 14360 S. TAMAMI TRL #B FORT MYERS, FL 33912 US			
2. Principal Place of Business - No P.O. Box # <i>Schoo Management Inc</i> Suite, Apt. #, etc. 941-2 Cypress Lake Dr. City & State Ft. Myers FL Zip 33919 Country USA		3. Mailing Address <i>Schoo Management Inc</i> Suite, Apt. #, etc. 941-2 Cypress Lake Dr. City & State Ft. Myers FL Zip 33919 Country USA		04042007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-0250412 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SARP, PAUL P&M PROPERTY MGT 14360 S. TAMAMI TRL #B FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name <i>Bob Gelks</i> Street Address (P.O. Box Number is Not Acceptable) 941-2 Cypress Lake Drive City <i>Ft. Myers</i> FL <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. Geller</i> Signature, typed or printed name of registered agent and title if applicable.		SIGNATURE <i>Robert E. Geller, CAP</i> (NOTE: Registered Agent signature required when registering)		DATE <i>4/21/07</i>	
Amended AR is \$61.25		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		<input type="checkbox"/> Change <input type="checkbox"/> Addition 100103609141 05/31/07--01028--014 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANCASTER, PAT 8061 COUNTRY RD 203 FT MYERS, FL 33919	<input type="checkbox"/> Delete		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>\$75/24</i>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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: <i>Frank Kozlowski</i> <i>Frank Kozlowski, Pres</i> <i>9.20.07</i> <i>(239) 481-4700</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					