

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2008 90040 014 \*\*\*\*61.25

<b>DOCUMENT # 756064</b>			
<b>1. Entity Name</b> GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION XI, INC.			
<b>SCHOOL</b> Principal Place of Business SCHOOL MANAGEMENT INC. 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919 US		<b>SCHOOL</b> Mailing Address SCHOOL MANAGEMENT INC. 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919 US	
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc. 9411-2 CYPRESS LAKE DR City & State FORT MYERS, FL 33919 Zip 		<b>3. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>4. FEI Number</b> 59-0250412		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> GELLES, BOB SCHOOL MANAGEMENT INC. SCHOOL MGMT INC. 9411-2 CYPRESS LAKE DR FORT MYERS, FL 33919		<b>7. Name and Address of New Registered Agent</b> Name SCHOOL MGMT INC. Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b> SIGNATURE: <i>Robert E. Gelles</i> <i>Robert E. Gelles, CAM</i> 4/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
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
<b>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.</b>			
<b>SIGNATURE:</b> <i>Robert E. Gelles</i> 4-11-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	