

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756064

FILED
Feb 04, 2009
Secretary of State

Entity Name: GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION XI, INC.

Current Principal Place of Business:

SCHOO MGT. INC
9411-2 CYPRESS LAKE DR.
FORT MYERS, FL 33919 US

New Principal Place of Business:

SCHOO MGT. INC
9411 CYPRESS LAKE DR. SUITE 2
FORT MYERS, FL 33919 US

Current Mailing Address:

SCHOOL MANAGEMENT INC.
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919 US

New Mailing Address:

SCHOO MANAGEMENT INC.
9411 CYPRESS LAKE DR SUITE 2
FORT MYERS, FL 33919 US

FEI Number: 59-0250412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, BOB
SCHOO MGMT. INC
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

GELLES, ROBERT E
SCHOO MGMT. INC
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919 US

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.

SIGNATURE: ROBERT E GELLES

02/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOZLOWSKI, FRANK
Address: 7140 TWIN EAGLE #203
City-St-Zip: FT MYERS, FL 33912

Title: V () Delete
Name: LANCASTER, PAT
Address: 8061 COUNTRY RD 203
City-St-Zip: FT MYERS, FL 33919

Title: ST () Delete
Name: SMITH, NICKI
Address: 6796 PLANTATION MANOR
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOZLOWSKI, FRANK
Address: 7140 TWIN EAGLE
City-St-Zip: FT MYERS, FL 33912 US

Title: VP (X) Change () Addition
Name: MALSZYCKI, TIM
Address: 6759 PLANTATION MANOR LOOP
City-St-Zip: FT MYERS, FL 33966 US

Title: S/T (X) Change () Addition
Name: LANCASTER, PATRICIA
Address: 8061 COUNTRY ROAD #203
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK KOZLOWSKI

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date