

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90308 011 ****61.25

DOCUMENT # N01000005557

1. Entity Name

GLADIOLUS PRESERVE HOMEOWNERS ASSOCIATION,
INC.

420490

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8660 College Pkwy.

Suite, Apt. #, etc.

Suite 160

City & State

Fort Myers, FL

Zip
33919

Country
Lee

3. Mailing Address

8660 College Pkwy.

Suite, Apt. #, etc.

Suite 160

City & State

Fort Myers, FL

Zip
33919

Country
Lee

4. FEI Number

☒

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GRAVINA, PETER J

Street Address (P.O. Box Number is Not Acceptable)

1833 Hendry St.

City

Ft. Myers, FL

FL

Zip Code

33901

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE D
NAME THIBAUT, RANDY
STREET ADDRESS 8660 College Pkwy, Ste. 160
CITY- ST- ZIP Ft. Myers FL 33919

TITLE D
NAME ALLISON, JANET E.
STREET ADDRESS 8660 College Pkwy., Ste. 160
CITY- ST- ZIP Ft. Myers, FL 33919

TITLE D
NAME LYNN, GAIL
STREET ADDRESS 8660 College Pkwy., Ste. 160
CITY- ST- ZIP Ft. Myers, FL 33919

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Janet E. Allison, Dir. 4/20/02 941-489-4066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)