
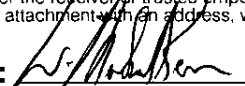


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90139 034 ****61.25

DOCUMENT # N01000005557 1. Entity Name GLADIOLUS PRESERVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 530 CONSTRUCTION LN LEHIGH ACRES FL 33936			Mailing Address PO BOX 1058 LEHIGH ACRES FL 33970		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRUXTON, BOLANOS PA 12800 UNIVERSITY DR, SUITE 340 FT. MYERS FL 33907			Name Street Address (P.O. Box Number is Not Acceptable) 12800 University Dr, Suite 350 City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW - FEE IS \$61.25 Due By May 1, 2004		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	DP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KERVER, W. MICHAEL		NAME		
STREET ADDRESS	11220 METRO PARKWAY		STREET ADDRESS		
CITY - ST - ZIP	FT. MYERS FL 33912		CITY - ST - ZIP		
TITLE	DVT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALATA, RICHARD A		NAME		
STREET ADDRESS	6715 TIPPECANOE ROAD, BLDG B		STREET ADDRESS		
CITY - ST - ZIP	CANFIELD OH 44406		CITY - ST - ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEITZ, A. JEFFREY		NAME		
STREET ADDRESS	4215 EAST 60TH STREET, SUITE 6		STREET ADDRESS		
CITY - ST - ZIP	DAVENPORT IA 52807		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.					
SIGNATURE:  PRES W. MICHAEL KERVER			4-26-04 239-939-9994 Date Daytime Phone #		