
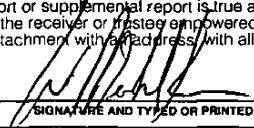


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90274 016 ****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	4. FEI Number 43-1999371	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR, SUITE 350 FT. MYERS, FL 33907				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$81.25 Due by May 1, 2005		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		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		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALATA, RICHARD A		NAME		
STREET ADDRESS	6715 TIPPECANOE ROAD, BLDG B		STREET ADDRESS	11220 Metro Parkway	
CITY-ST-ZIP	CANFIELD, OH 44406		CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	DS		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEITZ, A. JEFFREY		NAME		
STREET ADDRESS	4215 EAST 60TH STREET, SUITE 6		STREET ADDRESS	11220 Metro Parkway	
CITY-ST-ZIP	DAVENPORT, IA 52807		CITY-ST-ZIP	Ft. Myers, FL 33912	
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 the address with all other like empowered.					
SIGNATURE:  PRES			4-11-05 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			239-939-9996 Daytime Phone #		