## FILED Mar 10, 2008 8:00 am Secretary of State

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	 	 		<del>,</del>

DOCUMENT # N0100005557  1. Entity Name GLADIOLUS PRESERVE HOMEOWNERS ASSOCIATION, INC.						03-10-2008 90061 011 ***				****6	1.25
Principal Place of Business 530 CONSTRUCTION LN LEHIGH ACRES, FL 33936 PO BOX 1058 LEHIGH ACRES, FL 33970						inninininini Tuna				<b>11 11 111</b> 1	
2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailing Address	s. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01092008	Chg-NP	CR2E037 (12	2/06)		
City & State			City & State			4. FEI Number 43-19993	371			olied For Applicable	
Zip Country		Zip Cou		ntry		5. Certificate of	Status Desired		<b>'5</b> Addi Required		
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
BECKER	R POLIAK	OFF PA			Name Richard DeBoest II						
BECKER & POLIAKOFF, P.A. 14241 METROPOLIS AVE SUITE 100					Street Address (P.O. Box Number is Not Acceptable)						
FORT MY		33912			2030 McGregor Blvd.						
8. The above	named entit	v submis this statement to	the nurpose of changing its	registere	City Fort Myers FL Zip Code 33901 red office or registered agent, or both, in the State of Florida. I am familiar with, and accept					901	
the obligat	tions of reoid	proposition of the state of the	we purpose of onlinging its	rogistore	onice or i	ogister	ed agent, or both,	in the state of the			
SIGNATURE Slighature, hypod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								8_			
Filling Fee is \$61.25  9. Election Campaign Financing St.00 May Be Added to Fees Florida Department of State											
10		OFFICERS AND DIF	ECTORS	11.		-	ADDITIONS/CHAN	GES TO OFFICE	RS AND DIRECTO	ORS IN	10
TITLE	D		X Delete	TITLE		<del></del>				hange	Addition
NAME	ADAMS, I	RICK	EL DUIGE	NAME	1-	_	zgar .T	Michae		nango	_agadilion
STREET ADDRESS	9560 GLA	ADIOLUS BLOSSOM CT	STREI		T ADDRESS	958	zgar, J. Michael O Gladiolus Preserve Cir t Myers, FL 33908				
CITY-ST-ZIP	FORT MYERS, FL 33908				1	For	t Myers,	FL 339			
TITLE NAME	D	SER, LAWRENCE	☐ Delete	TITLE						hange	☐ Addition
STREET ADDRESS		ADIOLUS PRESERVE C	IRCI E	NAME	T ADORESS						
CITY-ST-ZIP	I	ERS, FL 33908	INOLL		ST-ZIP						
TITLE	DST		X Delete	TITLE		DST				hange	X Addition
NAME	WILLIAMS	S, LINDA		NAME			dman, Li	nda			<b>7</b>
STREET ADDRESS 9831 GLADIOLUS BULB LOOP					T ADDRESS	959	0 Gládio	lus Pre	eserve C	ir	
CITY-ST-ZIP		'ERS, FL 33908		-1	ST-ZIP	For	t Myers,	FL-339	9.08		-
TITLE NAME	DP WILLIAMS	S, MADONNA	☐ Delete	TITLE	i i				□ c	hange	☐ Addition
STREET ADDRESS	I	ADIOLUS PRESERVE C	IR	NAME	T ADDRESS						
CITY-ST-ZIP	ı	'ERS, FL 33908	iix.		ST-ZIP						
TITLE	DV		☐ Delete	TITLE				·		hange	Addition
NAME	FRANKLI	· ·		NAME					_		
STREET ADDRESS	[ · . · · · · · · · · · · · · · · · · ·			STREET ADDRESS							
CITY-ST-ZIP	FORT MY	ERS, FL 33908	<del>-</del>	CITY-	SI-ZIP				· · · · · · · · · · · · · · · · · · ·		
TITLE NAME			☐ Deiete	TITLE	1				□ c	hange	☐ Addition
STREET ADDRESS				NAME	T ADDRESS						
A				ST-ZIP		,	_ <del></del>				
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information									ormation		
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.											
SIGNATURE: Madama a Williams Coper 267/08 (239/267-43)											