

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004594

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** THE PLAZA AT GLADIOLUS PRESERVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

15301 PRESERVE BOULEVARD  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

2213 ANDREA LANE  
UNIT 108  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 26-0411166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WILSON, REED  
2213 ANDREA LANE  
UNIT 108  
FORT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: WILSON, REED  
Address: 2213 ANDREA LANE, UNIT 108  
City-St-Zip: FORT MYERS, FL 33912

Title: VPSD ( ) Delete  
Name: WILSON, CATHI  
Address: 2213 ANDREA LANE, UNIT 108  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: CHINNAPPAN, BRITTO DR.  
Address: 15301 PRESERVE BLVD, UNIT 107  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: REED WILSON

PTD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date