


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N29936 1. Entity Name GLADES FIRST COURT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 123 N.W. 13TH STREET SUITE 305A BOCA RATON, FL 33432	Mailing Address 123 N.W. 13TH STREET SUITE 305A BOCA RATON, FL 33432
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1580942	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOLFF, PETER 123 N.W. 13TH STREET SUITE 305A BOCA RATON, FL 33432

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WOLFF, PETER 123 N.W. 13TH STREET, STE. 305 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WOLFF, DARLENE 123 N.W. 13TH STREET, STE. 305 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD WOLFF, JAIMEE 123 N.W. 13TH STREET, STE. 305 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1100000249047
03/02/05-80056-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

2/28/05
Date

Daytime Phone #