

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29936

FILED  
Jan 09, 2008  
Secretary of State

**Entity Name:** GLADES FIRST COURT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

123 N.W. 13TH STREET  
SUITE 305A  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

123 N.W. 13TH STREET  
SUITE 305A  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 20-1580942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLFF, PETER  
123 N.W. 13TH STREET  
SUITE 305A  
BOCA RATON, FL 33432 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: PD ( ) Delete  
Name: WOLFF, PETER  
Address: 123 N.W. 13TH STREET, STE. 305  
City-St-Zip: BOCA RATON, FL 33432

Title: VD ( ) Delete  
Name: WOLFF, DARLENE  
Address: 123 N.W. 13TH STREET, STE. 305  
City-St-Zip: BOCA RATON, FL 33432

Title: VSTD ( ) Delete  
Name: WOLFF, JAIMEE  
Address: 123 N.W. 13TH STREET, STE. 305  
City-St-Zip: BOCA RATON, FL 33432

**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: PETER WOLFF

PRES

01/09/2008

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

\_\_\_\_\_  
Date