

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90099 032 \*\*\*\*61.25

<b>DOCUMENT # N32446</b> 1. Entity Name THE GLADES OWNERS ASSOCIATION, INC.			
Principal Place of Business 142 GRAND HERON DR PANAMA CITY, FL 32407 US		Mailing Address P O BOX 9607 PANAMA CITY BEACH, FL 32417 US	
2. Principal Place of Business - No P.O. Box # 250 S. Glades Trail Suite, Apt. #, etc.		3. Mailing Address P O Box 9607 Suite, Apt. #, etc.	
City & State PANAMA CITY FL		City & State PANAMA CITY BEACH, FL	
Zip 32407	Country Bay US	Zip 32417	Country USA
4. FEI Number 59-2965096		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  COX, CORINNE 142 GRAND HERON DR PANAMA CITY BEACH, FL 32407		7. Name and Address of New Registered Agent Name ROBERT FRIESS Street Address (P.O. Box Number is Not Acceptable) 250 S. Glades Trail PANAMA CITY BEACH, City FL Zip Code 32407	
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 <u>Robert R Friess</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>5/7/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, RAY 151 GRAND HERON DRIVE PANAMA CITY BEACH, FL 32407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DON CAVALERI 100 COYOTE PASS PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COX, CORINNE 142 GRAND HERON DR PANAMA CITY BEACH, FL 32407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BOB FRIESS 250 S. GLADES TRAIL PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIESS, DAN 114 GRAND HERON DR PANAMA CITY BEACH, FL 32407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MAUREEN CLEMENTS 120 GLADESTURN PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEEBLE, JEROME 116 GRAND HERON DR PANAMA CITY BEACH, FL 32407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALLING, JAMES PO BOX 18564 PANAMA CITY, FL 32417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
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: <u>Robert R Friess</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>5/7/07</u> DAYTIME PHONE # <u>850-234-1835</u>	