

**2025 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N01000005557

**Entity Name:** GLADIOLUS PRESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALLIANT PROPERTY MANAGEMENT LLC  
13831 VECTOR AVE  
FORT MYERS, FL 33907

**Current Mailing Address:**

C/O ALLIANT PROPERTY MANAGEMENT LLC  
13831 VECTOR AVE  
FORT MYERS, FL 33907 US

**FEI Number:** 43-1999371

**Certificate of Status Desired:** No

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

STROHM, JOHN  
C/O ALLIANT PROPERTY MANAGEMENT LLC  
13831 VECTOR AVE  
FORT MYERS, FL 33907 US

*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:** JOHN STROHM

**08/11/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           ADAMS, ROBERT  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT LLC  
                  13831 VECTOR AVE  
City-State-Zip: FORT MYERS FL 33907

Title           VP  
Name           ZIGARIC, KIRK  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT LLC  
                  13831 VECTOR AVE  
City-State-Zip: FORT MYERS FL 33907

Title           SECRETARY  
Name           GORTON, SABRINA  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT LLC  
                  13831 VECTOR AVE  
City-State-Zip: FORT MYERS FL 33907

Title           DIRECTOR  
Name           KIMMEL, BRAD  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT LLC  
                  13831 VECTOR AVE  
City-State-Zip: FORT MYERS FL 33907

Title           DIRECTOR  
Name           YOUNG, ELIZABETH  
Address        C/O ALLIANT PROPERTY  
                  MANAGEMENT LLC  
                  13831 VECTOR AVE  
City-State-Zip: FORT MYERS FL 33907

*I hereby 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 all other like empowered.*

**SIGNATURE:** SABRINA GORTON

**SECRETARY**

**08/11/2025**

Electronic Signature of Signing Officer/Director Detail

Date