


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90098 029 ****61.25

20034057



DOCUMENT # N02000006457							
1. Entity Name META AT CAPE HARBOUR COMMUNITY ASSOCIATION, INC.							
Principal Place of Business 530 CONSTRUCTION LANE LEHIGH ACRES, FL 33936			Mailing Address PO BOX 1058 LEHIGH ACRES, FL 33970				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 04-3739742			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DR SUITE 340 FT MYERS, FL 33907			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____			DATE _____				
Filing Fee is \$61.25 Due by May 1, 2005			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		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	VTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCGOUGH, PETE			NAME	Jane Kirkman		
STREET ADDRESS	1900 LAGOON LANE			STREET ADDRESS	1900 Lagoon Lane		
CITY-ST-ZIP	CAPE CORAL, FL 33914			CITY-ST-ZIP	Cape Coral, FL 33914		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEARDEN, CRAUG A			NAME	Dearden, Craig		
STREET ADDRESS	1900 LAGOON LANE			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33914			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORD, CHARLOTTE A			NAME			
STREET ADDRESS	1900 LAGOON LANE			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33914			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Craig Dearden, President</u>				Date: <u>4/8/05</u> Daytime Phone #: <u>239 541 1372</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							