

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90174 045 \*\*\*\*61.25

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**DOCUMENT # N02000006457**

1. Entity Name  
**META AT CAPE HARBOUR COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
 2180 WEST STATE ROAD 434  
 SUITE 5000  
 LONGWOOD, FL 32779-5044

Mailing Address  
 2180 WEST STATE ROAD 434  
 SUITE 5000  
 LONGWOOD, FL 32779-5044

2. Principal Place of Business  
 5828 Cape Harbour Drive  
 Suite, Apt. #, etc.  
 Suite 102

3. Mailing Address  
 5828 Cape Harbour Dr.  
 Suite, Apt. #, etc.  
 Suite 102

City & State  
 Cape Coral FL

City & State  
 Cape Coral FL

Zip  
 33914

Country  
 USA

Zip  
 33914

Country  
 USA

03212006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 04-3739742

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HART, JAMES W JR  
 SENTRY MANAGEMENT INC  
 2180 W SR 434 STE 5000  
 LONGWOOD, FL 32779-5044

7. Name and Address of New Registered Agent

Name  
 Diane Russell, Realmark Management Services LLC

Street Address (P.O. Box Number is Not Acceptable)  
 5828 Cape Harbour Dr

Suite  
 Suite 102

City  
 Cape Coral FL

Zip Code  
 33914

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 Diane Russell Diane Russell 3-21-06  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VTD	<input type="checkbox"/> Delete
NAME	KIRKMAN, JANE	
STREET ADDRESS	1900 LAGOON LANE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEARDEN, CRAIG	
STREET ADDRESS	1900 LAGOON LANE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FORD, CHARLOTTE A	
STREET ADDRESS	1900 LAGOON LANE	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5789 Cape Harbour Drive #201	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5789 Cape Harbour Drive #201	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5789 Cape Harbour Drive #201	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jane Kirkman JANE KIRKMAN 4/2/06 239-541-1376  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #