

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90214 019 ****61.25

DOCUMENT # N03000007584

1. Entity Name
THE MEADOWS OF HERONS GLEN ASSOCIATION, INC.



Principal Place of Business
**2260 CORONA DEL SIRE
NORTH FORT MYERS, FL 33917**

Mailing Address
**2260 CORONA DEL SIRE
NORTH FORT MYERS, FL 33917**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0623051

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENRY STREET
FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent

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

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, 2004**

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	DP	☒ Delete
NAME	GABRIEL, ROBERT M	
STREET ADDRESS	2260 CORONA DEL SIRE	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE	DVS	☐ Delete
NAME	LAPLANTE, MICHAEL J	
STREET ADDRESS	2260 CORONA DEL SIRE	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE	DT	☒ Delete
NAME	METRIONE, DONALD	
STREET ADDRESS	2260 CORONA DEL SIRE	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director, President	☒ Change ☐ Addition
NAME	Ken Meadows	
STREET ADDRESS	2260 Corona Del Sire	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	Ken Meadows	
STREET ADDRESS	2260 Corona Del Sire	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #