# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 21, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # N03000007584

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

| Principal Place of Business | Mailing Address |
|---|---|
| 2260 CORONA DEL SIRE<br>NORTH FORT MYERS, FL 33917 | 2260 CORONA DEL SIRE<br>NORTH FORT MYERS, FL 33917 |

02012005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE IN THIS SPACE**

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
*Signature, typed or printed name of registered agent and title if applicable* (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | MENOVIN, KEN |
| STREET ADDRESS | 2260 CORONA DEL SIRE |
| CITY-ST-ZIP | NORTH FORT MYERS, FL 33917 |
| TITLE | DVS |
| NAME | LAPLANTE, MICHAEL J |
| STREET ADDRESS | 2260 CORONA DEL SIRE |
| CITY-ST-ZIP | NORTH FORT MYERS, FL 33917 |
| TITLE | DT |
| NAME | MENOVIN, KEN |
| STREET ADDRESS | 2260 CORONA DEL SIRE |
| CITY-ST-ZIP | NORTH FORT MYERS, FL 33917 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000272084
03/21/05-80077-002 61.25

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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:** _____ Doug Cordello 3.1.05 239.415.6238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #