

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006457

Entity Name: META AT CAPE HARBOUR COMMUNITY ASSOCIATION, INC.

FILED
Feb 22, 2024
Secretary of State
0767727703CC

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH SUITE 215
NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH SUITE 215
NAPLES, FL 34104 US

FEI Number: 04-3739742

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH SUITE 215
NAPLES, FL 34104 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: ROBERT ROSENOW

02/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name SCHECHTER , ROSA
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH
SUITE 215
City-State-Zip: NAPLES FL 34104

Title VP
Name ROSCH, GEORGE
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH
SUITE 215
City-State-Zip: NAPLES FL 34104

Title PRESIDENT
Name KIRKMAN , JANE
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH
SUITE 215
City-State-Zip: NAPLES FL 34104

Title DIRECTOR
Name HOGG, JASON
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH
SUITE 215
City-State-Zip: NAPLES FL 34104

Title TREASURER
Name GIBBS, AILEEN
Address C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE SOUTH
SUITE 215
City-State-Zip: NAPLES FL 34104

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: JANE KIRKMAN

PRESIDENT

02/22/2024

Electronic Signature of Signing Officer/Director Detail

Date