

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006457

**FILED  
Jan 14, 2014  
Secretary of State  
CC1086030205**

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

**Current Principal Place of Business:**

5828 CAPE HARBOUR DRIVE  
SUITE 102  
CAPE CORAL, FL 33914

**Current Mailing Address:**

5828 CAPE HARBOUR DRIVE  
SUITE 102  
CAPE CORAL, FL 33914

**FEI Number: 04-3739742**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOLANOS TRUXTON, P.A.  
12800 UNIVERSITY DRIVE  
SUITE 350  
FORT MYERS, FL 33907 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VTD  
Name           KIRKMAN, JANE  
Address        5789 CAPE HARBOUR DRIVE  
City-State-Zip: CAPE CORAL FL 33914

Title           PD  
Name           DEARDEN, CRAIG  
Address        5789 CAPE HARBOUR DRIVE  
City-State-Zip: CAPE CORAL FL 33914

Title           STD  
Name           PETERSON, JULIE  
Address        5789 CAPE HARBOUR DRIVE  
City-State-Zip: CAPE CORAL FL 33914

*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: CRAIG DEARDEN**

**PRESIDENT**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date