

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006457

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

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**3541120018CC**

**Current Principal Place of Business:**

5793 CAPE HARBOUR DRIVE  
SUITE 116  
CAPE CORAL, FL 33914

**Current Mailing Address:**

5793 CAPE HARBOUR DRIVE  
SUITE 116  
CAPE CORAL, FL 33914 US

**FEI Number: 04-3739742**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEMS  
1200 S PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** JAMES HALPIN

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SCHECHTER, ROSA  
Address 550 BILTMORE WAY  
SUITE 1110  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name ROSCH, GEORGE  
Address 5793 CAPE HARBOUR DRIVE  
602  
City-State-Zip: CAPE CORAL FL 33914

Title PRESIDENT  
Name KIRKMAN, JANE  
Address 5789 CAPE HARBOUR DR.  
SUITE 201  
City-State-Zip: CAPE CORAL FL 33914

Title VP  
Name HOGG, JASON  
Address 14785 PRESTON ROAD  
SUITE 975  
City-State-Zip: DALLAS TX 75254-6878

Title TREASURER  
Name GIBBS, AILEEN  
Address 5789 CAPE HARBOUR DR  
SUITE 201  
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:** JANE KIRKMAN

**PRESIDENT**

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date