

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007584

Entity Name: THE MEADOWS OF HERONS GLEN ASSOCIATION, INC.**Current Principal Place of Business:**2250 HERONS GLEN BLVD.
NORTH FORT MYERS, FL 33917**Current Mailing Address:**2250 HERONS GLEN BLVD.
NORTH FORT MYERS, FL 33917 US**FEI Number:** 20-0623051**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HART, THOMAS
1625 HENDRY STREET
THIRD FLOOR
FORT MYERS, FL 33901 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	TREASURER
Name	RACZKA, NANCY
Address	2250 HERONS GLEN BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	PRESIDENT
Name	WRIGHT, MARY
Address	2250 HERONS GLEN BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	SECRETARY
Name	KANE, SUSAN
Address	2250 HERONS GLEN BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	VP
Name	PICKETT, MARY
Address	2250 HERONS GLEN BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	VP OF COMMUNICATIONS
Name	DITUSA, JOHN
Address	2250 HERONS GLEN BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33917

Title	ASSISTANT CONTROLLER
Name	YOUNG, SHERRY
Address	2250 HERONS GLEN BLVD.
City-State-Zip:	NORTH FORT MYERS FL 33917

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: SHERRY YOUNG**ASSISTANT
CONTROLLER****03/26/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date