

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90042 031 ****61.25

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1. Entity Name

GLEN EDEN HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MELDON CONSULTANTS
4949 TAMiami TR N., #201
NAPLES FL 34103-3017

C/O MELDON CONSULTANTS
4949 TAMiami TR N., #201
NAPLES FL 34103-3017



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3532115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, WILLIAM S
C/O MELDON CONSULTANTS
4949 TAMiami TR N., #201
NAPLES FL 34103-3017

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME DS ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP 14668 GLEN EDEN DR
NAPLES FL 34110

TITLE
NAME Massey, PAT ☒ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME DT ☒ Delete
STREET ADDRESS
CITY-STATE-ZIP 14512 SATIN LEAF LANE
NAPLES FL 34110

TITLE
NAME DT ☐ Change ☒ Addition
STREET ADDRESS
CITY-STATE-ZIP 14607 GLEN EDEN DRIVE
NAPLES, FL 34110

TITLE
NAME D ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP 14558 JUNIPER POINT LANE
NAPLES FL 34110

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME DV ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP 14726 GLEN EDEN DRIVE
NAPLES FL 34104

TITLE
NAME DP ☒ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME DP ☒ Delete
STREET ADDRESS
CITY-STATE-ZIP 14604 GLEN EDEN DR
NAPLES FL 34110

TITLE
NAME DVP ☐ Change ☒ Addition
STREET ADDRESS
CITY-STATE-ZIP 14608 GLEN EDEN DRIVE
NAPLES, FL 34110

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Norman S. Stern TREASURER (239) 248-7734
2/7/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #