

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 07, 2004  
Secretary of State**

DOCUMENT# N00000006481

Entity Name: GLEN MEADOW ASSOCIATION, INC.

**Current Principal Place of Business:**

98 WYNDEMERE WAY  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

98 WYNDEMERE WAY  
NAPLES, FL 34105

**New Mailing Address:**

FEI Number: 59-3667884      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FAUSNIGHT, MARY J  
98 WYNDEMERE WAY  
NAPLES, FL 34105

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JONES, MARY  
Address: 432 GLEN MEADOW LANE  
City-St-Zip: NAPLES, FL 34105

Title: DP ( ) Delete  
Name: BASLER, JOHN  
Address: 450 GLEN MEADOW LANE  
City-St-Zip: NAPLES, FL 34105

Title: DVST ( ) Delete  
Name: GENESER, JOE  
Address: 402 EDGEMERE WAY EAST  
City-St-Zip: NAPLES, FL 34105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DV (X) Change ( ) Addition  
Name: JONES, MARY  
Address: 432 GLEN MEADOW LANE  
City-St-Zip: NAPLES, FL 34105

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: BOERSMA, BURT  
Address: 408 EDGEMERE WAY EAST  
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BURT BOERSMA

DT

04/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date