

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