
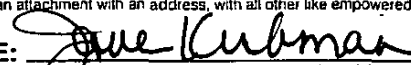


FILED

08 AUG 22 PM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N02000006457</b>						08 AUG 22 PM 8:40	
<b>1. Entity Name</b> META AT CAPE HARBOUR COMMUNITY ASSOCIATION, INC.							
<b>Principal Place of Business</b> 5828 CAPE HARBOUR DRIVE SUITE 102 CAPE CORAL, FL 33914				<b>Mailing Address</b> 5828 CAPE HARBOUR DRIVE SUITE 102 CAPE CORAL, FL 33914			
<b>2. Principal Place of Business - No P.O. Box #</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE SUITE 350 FORT MYERS, FL 33907				<b>7. Name and Address of New Registered Agent</b>			
				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"><b>FL</b> Zip Code</div>			
<b>B. 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.</b>							
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP				<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			
VTD KIRKMAN, JANE 5828 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
PD DEARDEN, CRAIG 5828 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete				100134345871 08/26/08--01005--001 **\$1.25			
SD FORD, CHARLOTTE A 5828 CAPE HARBOUR DRIVE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete				S/T/D Peterson, Julie 5828 Cape Harbour Drive Cape Coral, FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>							
<b>SIGNATURE:</b> 				<b>239 541 1372</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

8/22/20