


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-03-2007 90018 039 ****61.25

DOCUMENT # N03000007584			
1. Entity Name THE MEADOWS OF HERONS GLEN ASSOCIATION, INC.			
Principal Place of Business 2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917		Mailing Address P.O. BOX 3587 NORTH FORT MYERS, FL 33917-3587 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>2250 Avenida Del Vera</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>North Fort Myers, FL</i>	
Zip	Country	Zip	Country
		<i>33917</i>	<i>US</i>
4. FEI Number 20-0623051		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENRY STREET FORT MYERS, FL 33901		7. Name and Address of New Registered Agent Name: <i>THOMAS HART</i> Street Address (P.O. Box Number is Not Acceptable): <i>1625 Henry St 3rd Floor</i> City: <i>Fr. Myers</i> , FL Zip Code: <i>33901</i>	
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: <i>Thomas Hart</i>		DATE: <i>3-15-07</i>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP	DP JULLIAN, ROBERT 2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRONIN, CLAIRE 2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KELLEY, KATHERINE 2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNEY, JOHN 2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Ann Gustin 2250 Avenida Del Vera N. Ft. Myers, FL 33917</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGOT, ERIC 2250 AVENIDA DEL VERA NORTH FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Charles Miller 2250 Avenida Del Vera N. Ft. Myers, FL 33917</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>Robert Julian</i>		DATE: <i>4-13-07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		DATE	