

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90067 021 ****61.25

DOCUMENT # N03000008001

1. Entity Name
THE FAIRWAYS OF HERONS GLEN ASSOCIATION, INC.



Principal Place of Business
2260 CORONA DEL SIRE
N FT MYERS, FL 33917

Mailing Address
2260 CORONA DEL SIRE
N FT MYERS, FL 33917

40015450



2. Principal Place of Business - No P.O. Box #
2250 Avenida Del Vera
Suite, Apt. #, etc.

3. Mailing Address
2250 Avenida Del Vera
Suite, Apt. #, etc.

01152007 Chg-NP CR2E037 (12/06)

City & State
North Fort Myer FL
Zip
33917
Country

4. FEI Number
20-0965506
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY ST
FT MYERS, FL 33901

7. Name and Address of New Registered Agent

Name
THOMAS HART
Street Address (P.O. Box Number is Not Acceptable)
1625 Hendry St. Third Floor
City
Fort Myers
FL
Zip Code
33902

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

(NOTE: Registered Agent signature required when reinstating)

1-31-2007

DATE

Filing 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

TITLE
NAME
MGR
CORDELLO, DOUG
STREET ADDRESS
12800 UNIVERSITY DRIVE, SUITE #400
CITY-ST-ZIP
FORT MYERS, FL 33907 ☒ Delete

TITLE
NAME
MGR
BENDER, KATHLEEN
STREET ADDRESS
12800 UNIVERSITY DRIVE, SUITE #400
CITY-ST-ZIP
FORT MYERS, FL 33907 ☒ Delete

TITLE
NAME
MGR
MEADVIN, KEN
STREET ADDRESS
12800 UNIVERSITY DRIVE, SUITE #400
CITY-ST-ZIP
FORT MYERS, FL 33907 ☒ Delete

TITLE
NAME
☐ Delete

TITLE
NAME
☐ Delete

TITLE
NAME
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
P David McDonald
STREET ADDRESS
20789 Kaidon Lane
CITY-ST-ZIP
N. Ft Myers, FL 33917 ☐ Change ☒ Addition

TITLE
NAME
VP Margaret Lavin
STREET ADDRESS
20794 Kaidon Lane
CITY-ST-ZIP
N. Ft Myers, FL 33917 ☐ Change ☒ Addition

TITLE
NAME
T Rachel Cecchini
STREET ADDRESS
20731 Kaidon Lane
CITY-ST-ZIP
N. Ft Myers, FL 33917 ☐ Change ☒ Addition

TITLE
NAME
S Margaret Lavin
STREET ADDRESS
20794 Kaidon Lane
CITY-ST-ZIP
N. Ft Myers, FL 33917 ☐ Change ☒ Addition

TITLE
NAME
☐ Change ☐ Addition

TITLE
NAME
☐ Change ☐ 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 I am empowered

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-07 231-731-4569
Date Daytime Phone #