

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007400

FILED  
Apr 10, 2005  
Secretary of State

**Entity Name:** GLEN MEADOW PROPERTY ASSOCIATION, INC.

**Current Principal Place of Business:**

1049 N TOWN & RIVER DR  
FT MYERS, FL 33919

**New Principal Place of Business:**

9137 SHADOW GLEN WAY  
FT MYERS, FL 33913

**Current Mailing Address:**

1049 N TOWN & RIVER DR  
FT MYERS, FL 33919

**New Mailing Address:**

9137 SHADOW GLEN WAY  
FT MYERS, FL 33913

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEADE, MICHAEL L  
1049 N TOWN & RIVER DR  
FT MYERS, FL 33919 US

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

MEADE, MICHAEL L  
9137 SHADOW GLEN WAY  
FT MYERS, FL 33913 US

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: \_\_\_\_\_

04/10/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: MEADE, MICHAEL L  
Address: 1049 N TOWN & RIVER DR  
City-St-Zip: FT MYERS, FL 33919

Title: DVS ( ) Delete  
Name: BROUGHTON, DONNA  
Address: 12904 COVERED BRIDGE RD  
City-St-Zip: SELLERSBURG, IN 47172

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

Title: DPT (X) Change ( ) Addition  
Name: MEADE, MICHAEL L  
Address: 9137 SHADOW GLEN WAY  
City-St-Zip: FT MYERS, FL 33913

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

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: MICHAEL L. MEADE

PRES

04/10/2005

Electronic Signature of Signing Officer or Director

Date