

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007400

FILED  
Feb 08, 2006  
Secretary of State

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

**Current Principal Place of Business:**

9137 SHADOW GLEN WAY  
FT MYERS, FL 33913

**New Principal Place of Business:**

**Current Mailing Address:**

9137 SHADOW GLEN WAY  
FT MYERS, FL 33913

**New Mailing Address:**

**FEI Number:** 22-3913314

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

**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: DPT ( ) Delete  
Name: MEADE, MICHAEL L  
Address: 9137 SHADOW GLEN WAY  
City-St-Zip: FT MYERS, FL 33913

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

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

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

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 Chapter 119, 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

02/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date