

2-16-98 B-2032 C-  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000106807 (5)**

1. Corporation Name

**MCGREGOR POINT BRIDGE CLUB, INC.**



Principal Place of Business <b>6030 TIDEWATER ISLAND CIRCLE FORT MYERS FL 33908-4678</b>	Mailing Address <b>6030 TIDEWATER ISLAND CIRCLE FORT MYERS FL 33908-4678</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>15271 McGregor blud</b> Suite, Apt. #, etc. 22 <b>#3</b> City & State 23 <b>Ft Myers FL</b> Zip 24 <b>33908</b> Country 25 <b>Lee</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>Lee</b>		3. Date Incorporated or Qualified <b>12/19/1997</b>	
		4. FEI Number <b>65-0802593</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>NELSON, BRIAN W 6030 TIDEWATER ISLAND CIRCLE FORT MYERS FL 33908-4678</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President, Treasurer</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Brian W Nelson</b>	12 NAME	
STREET ADDRESS	<b>6030 Tidewater Island Circle</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>Ft Myers, FL 33908</b>	14 CITY-ST-ZIP	
TITLE	<b>Secretary</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Beverly J. Nelson</b>	22 NAME	
STREET ADDRESS	<b>6030 Tidewater Island Circle</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>Ft Myers, FL 33908</b>	24 CITY-ST-ZIP	
TITLE	<b>Asst Secretary</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Anne Pelffer</b>	32 NAME	
STREET ADDRESS	<b>13200 Tall Pine Circle</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>Ft Myers, FL 33907</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Brian W Nelson*

2/5/98

041-481-2231

CR2E034 (10/97)