


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 718839</b> 1. Entity Name MCGREGOR ISLES IMPROVEMENT ASSOCIATION, INC.	
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Principal Place of Business P O BOX 6801 FT MYERS, FL 33911-6801 US	Mailing Address P O BOX 6801 FT MYERS, FL 33911-6801 US
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**DO NOT WRITE IN THIS SPACE**

04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1415867	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

LOPEZ, JOHN M  
491 PRATHER DR.  
FORT MYERS, FL 33919

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

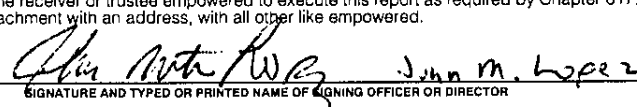
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000944778 05/29/08-80113-014 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEARMAN, ROBERT 410 KEENAN AVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LOPEZ, JOHN M 491 PRATHER DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DREW, BRYAN 428 NORWOOD CT. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, MATT 552 KEENAN AVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, SHANE 5980 ADELE CT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **John M. Lopez** **4-29-08** **239-437-3512**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #