2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2009
Secretary of State

DOCUMENT# 718839

Entity Name: MCGREGOR ISLES IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 6801
FT MYERS, FL 339116801 US

New Principal Place of Business:

552 KEENAN AVE
FT MYERS, FL 33911 US

Current Mailing Address:

P O BOX 6801
FT MYERS, FL 339116801 US

New Mailing Address:

FEI Number: 59-1415867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, JOHN M
491 PRATHER DR.
FORT MYERS, FL 33919 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: D ( ) Delete
Name: SHEARMAN, ROBERT
Address: 410 KEENAN AVE
City-St-Zip: FORT MYERS, FL 33919

Title: PT ( ) Delete
Name: LOPEZ, JOHN M
Address: 491 PRATHER DR
City-St-Zip: FORT MYERS, FL 33919

Title: SD ( ) Delete
Name: DREW, BRYAN
Address: 428 NORWOOD CT.
City-St-Zip: FORT MYERS, FL 33919

Title: V ( ) Delete
Name: HORTON, MATT
Address: 552 KEENAN AVE
City-St-Zip: FORT MYERS, FL 33919

Title: D ( ) Delete
Name: WILSON, SHANE
Address: 5980 ADELE CT
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: LOPEZ, JOHN M
Address: 491 PRATHER DR
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change ( ) Addition
Name: DREW, BRYAN
Address: 428 NORWOOD CT.
City-St-Zip: FORT MYERS, FL 33919

Title: P (X) Change ( ) Addition
Name: HORTON, MATT
Address: 552 KEENAN AVE
City-St-Zip: FORT MYERS, FL 33919

Title: S (X) Change ( ) Addition
Name: WILSON, SHANE
Address: 5980 ADELE CT
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify 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: JOHN M. LOPEZ T 06/05/2009
Electronic Signature of Signing Officer or Director — Date