

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90335 004 \*\*\*\*61.25

<b>DOCUMENT # 749689</b>					
<b>1. Entity Name</b> MCGREGOR WOODS HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> ALLIANT PROPERTY MGMT 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919 US			<b>Mailing Address</b> ALLIANT PROPERTY MGMT 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-1972742	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ALLIANT PROPERTY MANAGEMENT 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE		AGENT		4-22-08	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> VPD <b>NAME</b> HARPER, JOE <b>STREET ADDRESS</b> 12331 OAKBROOK CT <b>CITY-ST-ZIP</b> FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> PARKER, CLIFF <b>STREET ADDRESS</b> 12431 MCGREGOR WOODS CIR <b>CITY-ST-ZIP</b> FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> BASHER, JOHN <b>STREET ADDRESS</b> 12415 MCGREGOR WOODS CIR <b>CITY-ST-ZIP</b> FORT MYERS, FL 33908	<input type="checkbox"/> Delete				
<b>TITLE</b> ATD <b>NAME</b> DIVINE, ANN <b>STREET ADDRESS</b> 12419 MCGREGOR WOODS CIR <b>CITY-ST-ZIP</b> FORT MYERS, FL 33908	<input type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> BICKEL, AVA <b>STREET ADDRESS</b> 12294 MCGREGOR WOODS CIRCLE <b>CITY-ST-ZIP</b> FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b> PD Barry Solomon <b>NAME</b> 12494 Barrington Ct <b>STREET ADDRESS</b> Ft Myers FL 33908 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> SD Dixie Dixon <b>NAME</b> 12414 McGreggor Woods Cir <b>STREET ADDRESS</b> Ft Myers FL 33908 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> VPD John Basher <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> TD Ann Divine <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> D Kathieen Papaleo <b>NAME</b> 15861 bleheagle Ct <b>STREET ADDRESS</b> Ft Myers FL 33908 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b>		4-21-08 239 481 1150			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			