

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90147 019 ****61.25

DOCUMENT # 758285 1. Entity Name MCGREGOR VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O PROFESSIONALLY YOURS INC 1342 SE 46TH LANE CAPE CORAL, FL 33904 US		Mailing Address C/O PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 US	
2. Principal Place of Business 40 CAPITAL PROPERTIES GROUP Suite, Apt. #, etc. 3364 CLEVELAND AVE City & State FORT MYERS, FL Zip 33901		3. Mailing Address 40 CAPITAL PROPERTIES GROUP Suite, Apt. #, etc. 3364 CLEVELAND AVE. City & State FORT MYERS, FL Zip 33901	
4. FEI Number 59-2296854		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEAGUE, GEORGE PROFESSIONALLY YOURS INC 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name RAGER, KENNETH D. Street Address (P.O. Box Number is Not Acceptable) CAPITAL PROPERTIES GROUP, LLC 3364 CLEVELAND AVE. City FORT MYERS FL Zip Code 33904	
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 KENNETH D. RAGER 4/6/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, HERBERT 232 E CAPE CORAL PKWY #104 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RADKE, LINDA 232 E CAPE CORAL PKWY #101 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	PRESIDENT BARRY, MARGUERITE 13647 MCGREGOR VILLAGE DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, CHARLES 4977 SEVILLE CT CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	VICE-PRES OGUENDO, SUZANNE 13647 MCGREGOR VILLAGE DR FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TREASURER CARKIN, ROBERT 13647 MCGREGOR VILLAGE DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	SECRETARY BAKER, TRUDIE 13647 MCGREGOR VILLAGE DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	DIRECTOR COLLINS, THOMAS 13647 MCGREGOR VILLAGE DR. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 4/10/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			