
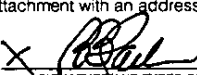


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90042 047 ****61.25

DOCUMENT # 758285					
1. Entity Name MCGREGOR VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O CAPITAL PROPERTIES GROUP, LLC 3364 CLEVELAND AVE FORT MYERS, FL 33901 US			Mailing Address C/O CAPITAL PROPERTIES GROUP, LLC 3364 CLEVELAND AVE FORT MYERS, FL 33901 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2296854	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAGER, KENNETH D C/O CAPITAL PROPERTIES GROUP, LLC 3364 CLEVELAND AVE FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 P	NAME BARRY, MARGUERITE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13647 MCGREGOR VILLAGE DR	FORT MYERS, FL 33919		NAME	STREET ADDRESS	
CITY - ST - ZIP FORT MYERS, FL 33919			CITY - ST - ZIP		
TITLE V	NAME OGUENDO, SUZANNE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13647 MCGREGOR VILLAGE DR	FORT MYERS, FL 33919		NAME	STREET ADDRESS	
CITY - ST - ZIP FORT MYERS, FL 33919			CITY - ST - ZIP		
TITLE T	NAME CARKIN, ROBERT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13647 MCGREGOR VILLAGE DR	FORT MYERS, FL 33919		NAME	STREET ADDRESS	
CITY - ST - ZIP FORT MYERS, FL 33919			CITY - ST - ZIP		
TITLE S	NAME BAKER, TRUDIE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13647 MCGREGOR VILLAGE DR	FORT MYERS, FL 33919		NAME	STREET ADDRESS	
CITY - ST - ZIP FORT MYERS, FL 33919			CITY - ST - ZIP		
TITLE D	NAME COLLINS, THOMAS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13647 MCGREGOR VILLAGE DR	FORT MYERS, FL 33919		NAME	STREET ADDRESS	
CITY - ST - ZIP FORT MYERS, FL 33919			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: X  (ROBERT CARKIN)			2/6/08		(239) 481-1414
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

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