2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# N02000008825

Entity Name: THE PALMS OF MCGREGOR HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

16266 SAN CARLOS BLVD
FORT MYERS, FL 33908

New Principal Place of Business:

907 DEEP LAGOON LANE
FORT MYERS, FL 33919

Current Mailing Address:

16266 SAN CARLOS BLVD
FORT MYERS, FL 33908

New Mailing Address:

907 DEEP LAGOON LANE
FORT MYERS, FL 33919

FEI Number: 04-3723395 **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:

CLAYPOOL, HAROLD C
16266-1 SAN CARLOS BLVD
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

BOHANNON, HARRIETT G
907 DEEP LAGOON LANE
FORT MYERS, FL 33919 US

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: HARRIETT G. BOHANNON 06/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLAYPOOL, CHUCK
Address: 16266-1 SAN CARLOS BLVD
City-St-Zip: FORT MYERS, FL 33908

Title: VD ( ) Delete
Name: BOHANNON, HARRIET
Address: 16266-1 SAN CARLOS BLVD
City-St-Zip: FORT MYERS, FL 33908

Title: STD ( ) Delete
Name: CLAYPOOL, CHRISTOPHER
Address: 16266-1 SAN CARLOS BLVD
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BOHANNON, HARRIETT G
Address: 907 DEEP LAGOON LANE
City-St-Zip: FORT MYERS, FL 33919

Title: VD (X) Change ( ) Addition
Name: CLAYPOOL, CHUCK
Address: 907 DEEP LAGOON LANE
City-St-Zip: FORT MYERS, FL 33919

Title: STD (X) Change ( ) Addition
Name: PAYNE, CARRIE
Address: 907 DEEP LAGOON LANE
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: HARRIETT G. BOHANNON PD 06/02/2009
Electronic Signature of Signing Officer or Director Date