

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000005059

1. Entity Name
**KELLY MCGREGOR SUBDIVISION HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**11050 SUMMERLIN SQUARE DR
FT MYERS BEACH, FL 33931**

Mailing Address
**11050 SUMMERLIN SQUARE DR
FT MYERS BEACH, FL 33931**



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2343790	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**COTTER, RICHARD T
11050 SUMMERLIN SQUARE DR
FT MYERS BEACH, FL 33931**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MUFALLI, JAMES T
STREET ADDRESS	11050 SUMMERLIN SQUARE DR
CITY-ST-ZIP	FT MYERS BEACH, FL 33931

TITLE	VD
NAME	MUFALLI, JOANNE
STREET ADDRESS	11050 SUMMERLIN SQUARE DR
CITY-ST-ZIP	FT MYERS BEACH, FL 33931

TITLE	STD
NAME	MUFALLI, JOYCELYNE
STREET ADDRESS	11050 SUMMERLIN SQUARE DR
CITY-ST-ZIP	FT MYERS BEACH, FL 33931

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000638802
02/27/07-80027-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/07