2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # N05000005742

1. Entity Name
MCGIRTS VILLAGE WEST OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2955 HARTLEY RD STE 108 JACKSONVILLE, FL 32257	8009 SOUTH ORANGE AVE ORLANDO, FL 32809

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04112008 No Chg-NP CR2E037 (4/06)

4. FEI Number
55-0897962

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATOVINA, GREGORY E
2955 HARTLEY RD STE 108
JACKSONVILLE, FL 32257

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

Filing Fee is $61.25
Due by May 1, 2008

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

U00000006035
05/05/08-80014-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MATOVINA, GREGORY E
STREET ADDRESS	2955 HARTLEY RD STE 108
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	DVT
NAME	CASSIS, MICHAEL A
STREET ADDRESS	2955 HARTLEY RD STE 108
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	DS
NAME	HUDSON, SHARON
STREET ADDRESS	2955 HARTLEY RD STE 108
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sharon Hudson SHARON HUDSON 4/11/08 9042920778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #