## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 19, 2008 8:00 am Secretary of State

DOCUMENT # N21789  1. Entity Name MCGREGOR PINES COMMUNITY ASSOCIATION, INC.				KA i	02-19-2008 90026 001 ****61.25			
Principal Plac 14926 MAHI FORT MYERS		Mailing Address 14926 MAHOE COURT FORT MYERS, FL 33908	8 US	100001000000		11 BITH BATH BINU FATH DIT	it <b>applita</b> t al 1901	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14749 Mahoe C+ 14749 Ma			abe Ct					
City & Stat		City & State		02042008 CI	ng-NP	CR2E037 (12/0	Applied For	
F+ 1	Myers, FL	F+ Myer	<del>-</del>	4. FEI Number 65-039571	0		Not Applicable	
33909		33908 ************************************	Country	5. Certificate of St	atus Desired	□ \$8.75 Fee Rec	Additional uired	
					ress of New F	Registered Agent		
HANSON, RICHARD 14926 MAHOE COURT			L	Name Lillian Hormozdi Street Address (P.O. Box Number is Not Acceptable)				
	ERS, FL 33908			······				
			City	HAM PALL	se C	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.								
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SIGNATURE Stynature, typed on printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating)  NOTE: Registered Agent signature required when reinstating)								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature n	equired when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flor	MIE fake check payab rida Department c	f State	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	rida Department o	f State S IN 10	
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12. I nereby 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 chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 617.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF SECTOR

2/4/03

734-518-018H

Daytime Phone #