FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REMITTED BY MAY 1

DOCUMENT # **N24415** **(4)**

1. Corporation Name

MACGREGOR ROAD AT "THE BEND", INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O MACGREGOR ASSOCIATES 1166 KAPP DR. CLEARWATER FL 34625 US	C/O MACGREGOR ASSOCIATES 1166 KAPP DR. CLEARWATER FL 34625 US

3. Date Incorporated or Qualified: 01/20/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

9. Name and Address of Current Registered Agent

C/O MACGREGOR ASSOCIATES
2190 SUNNYDALE BLVD.
CLEARWATER FL

10. Name and Address of New Registered Agent

81 Name: c/o MacGregor Associates
82 Street Address (P.O. Box Number is Not Acceptable): 1166 Kapp Dr.
83
84 City: Clearwater FL — 85 Zip Code: 34625

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~ Treasurer	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	MACGREGOR, DUNCAN	1.2 NAME	Lois Lipsey	
STREET ADDRESS	1988 MACGREGOR RD.	1.3 STREET ADDRESS	1975 MacGregor Rd.	
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	~~STD~~ Secretary	2.1 TITLE	SOD	☑ Change ☐ Addition
NAME	LIPSEY, DANA Z.	2.2 NAME	Dana Z. Lipsey	
STREET ADDRESS	1975 MAC GREGOR ROAD	2.3 STREET ADDRESS	1975 MacGregor Rd.	
CITY-ST-ZIP	TARPON SPRINGS FL	2.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	~~VPD~~ President	3.1 TITLE	TR	☑ Change ☐ Addition
NAME	LIPSEY, LES	3.2 NAME	Duncan S MacGregor	
STREET ADDRESS	1975 MACGREGOR RD	3.3 STREET ADDRESS	1988 MacGregor Rd.	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Duncan S. MacGregor 4/27/95 446-7310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

00019787