

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N24415 (4)

1. Corporation Name

MACGREGOR ROAD AT "THE BEND", INC.



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

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1988 MacGregor Rd.

26 Same

4. FEI Number  
NOT APPLICABLE

Applied For  
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

23 Tarpon Springs FL

28 City & State

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24 Zip Country

29 Zip Country

34689 25 US

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~C/O MACGREGOR ASSOCIATES~~  
~~1166 KAPP DR.~~  
~~CLEARWATER FL 34625~~

81 Name  
Duncan S. MacGregor, Trustee  
82 Street Address (P.O. Box Number is Not Acceptable)  
1988 MacGregor Rd.  
83  
84 City  
Tarpon Springs FL 85 Zip Code  
34689

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Duncan S. MacGregor

(NOTE: Registered Agent signature required when registering)

2/22/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
LIPSEY, LES D  
1975 MACGREGOR RD  
TARPO SPRINGS FL ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~LIPSEY, DANA R~~  
~~1975 MAC GREGOR ROAD~~  
~~TARPO SPRINGS FL~~ ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
JAC.  
Debbie Flanagan D  
1976 MacGregor Rd.  
Tarpon Springs FL 34689 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TRP  
MACGREGOR, DUNCAN S D  
1988 MACGREGOR RD  
TARPO SPRINGS FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
00000175.1 1996  
03/20/96-01069-028  
\*\*\*61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

Date

813

Daytime Phone #

CR2E037 (12/95)