FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N24415

MACGREGOR ROAD AT "THE BEND", INC.

Principal Place of Business

1988 MACGREGOR RD TARPON SPRINGS FL 34689 US

2. Principal Place of Business

Mailing Address

1988 MACGREGOR RD TARPON SPRINGS FL 34689

2a. Mailing Address

US

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90177 028 ****61.25





3. Date Incorporated or Qualifed

21 1975	MACGREGOR RD	26 1975 MACGA	CEGOR KD.	01/20/1988	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		NOT APPLICABLE	Not Applicable
City & State		City & State		5. Certifcate of Status Desired	\$8.75 Additional
23 TARK	PONSPRINGS FL	28 TARPON SPRIN	US.FL	O. Certificate of States Sources	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24 3468	9 25 USA	29 34689 30	USA	Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
			81 Name	CHARO C. YOUNG	•
MACGREG	GOR, DUNCAN S		82 Street	Address (P.O. Box Number is Not Acceptable	2)
	GREGOR RD		19	75 MACGREGOR RO	
TARPON SPRINGS FL 34689					
los Zio Codo					
			84 City	ARPON SPLINGS	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 our	pose of changing its registered
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?					
-	m rammar with, and accept the obligation	ons or, section our todos, Florida	Signal Signal	1/2 mm	5/0/40
SIGNATURE	Signature, typed or printed name of registered agent a	and title if apolicable. (NOTE: Re-	gistered Agent signature n	equired when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TILE	D	∏ DELETE	1,1 TITLE	PRESIDENT DIRECTOR	Change
NAME	LIPSEY, LES	/*	1.2 NAME	FLANNAGAN, THOMAS	
STREET ADDRESS	1975 MACGREGOR RD		1.3 STREET ADDRESS	1976 MACGRESOL RO	
	TARPON SPRINGS FL		1.4 CITY-ST-ZIP	TARPON SPANOS FL 34685	
CITY-ST-ZIP TITLE	SD.	₩ DELETE	2.1 TITLE	DIRECTOR TREASURES	Change Addition
NAME	Flannagan, Debbie	70	2.2 NAME	YOUNG, RICHARDC	
	′ <u>.</u>		2.3 STREET ADDRESS	1975 MALGREGER RO	م الاعلام
STREET ADDRESS	1976 Flannagan Tarpon Springs Fl 34689		2.4 CITY-ST-ZIP	TARPON SPRINGS. FL 3469	•
CITY-ST-ZIP		Ø DELETE	3.1 TITLE	DIRECTOR SECRETARY	Change Addition
TITLE	D BUBIOAN C	de pecere		DIRECTOR SECRETARY	<i>y</i>
NAME	MACGREGOR, DUNCAN S		3.2 NAME	YOUNG, EVELYN M. 1975 MACGNERON CO	
STREET ADDRESS	1988 MACGREGOR RD		3.3 STREET ADDRESS	TALM SAGEL C	146 84
CITY-ST-ZIP	TARPON SPRINGS FL	☐ DELETE	3.4. CITY-ST-ZIP	TARAON SPRINGS FL 3	Change Addition
TITLE		☐ DETE IF	4.1 TITLE		
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		— ———	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAMË		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
44 11	1	this filing does not qualify for th		Lin Section 119 07(3\/i) Florida Statutes I fu	that costifu that the information

indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(1), 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, with all other like empowered.

SIGNATURE: RICHARD SC CYDLANT VX