

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 # N28073 (7)
1. Corporation Name
MCGREGOR PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**804 MCGREGOR PARK CIR
FT MYERS FL 33908
US**

Mailing Address
**2510 MCGREGOR PARK CIR
FT. MYERS FL 33908
US**

3. Date Incorporated or Qualified
08/26/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **2510 MCGREGOR PARK CIR.**

Suite, Apt. #, etc.

22
City & State
FT. MYERS, FL

23 Zip
33908

24 Country
LEE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0071042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

9. Name and Address of Current Registered Agent

**RENFER, MARCELLA J
1903 MCGREGOR PARK CIR
FORT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name **Roy A. Yoder**

82 Street Address (P.O. Box Number is Not Acceptable)
1003 MCGREGOR PARK CIRCLE

83

84 City **FT. MYERS** **FL** 85 Zip Code **33908**

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 **Roy A. Yoder, VP** **Roy A. Yoder, Vice President** **4-1-96**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **BROSE, WILLIAM G**
STREET ADDRESS **804 MCGREGOR PARK CIR**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **VPAD** ☒ DELETE
NAME **RENFER, MARCELLA J**
STREET ADDRESS **1903 MCGREGOR PARK CIR**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **TD** ☒ DELETE
NAME **HOYMAN, MICHAEL B**
STREET ADDRESS **2203 MCGREGOR PARK CIR**
CITY-ST-ZIP **FT. MYERS FL**

TITLE **SD** ☒ DELETE
NAME **MOSSMAN, JAY N**
STREET ADDRESS **2502 MCGREGOR PARK CIR**
CITY-ST-ZIP **FORT MYERS FL**

TITLE **D** ☒ DELETE
NAME **FLETCHER, LISE**
STREET ADDRESS **2101 MCGREGOR PARK CIR**
CITY-ST-ZIP **FORT MYERS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **SACCO, ROSEMARY**
1.3 STREET ADDRESS **2301 MCGREGOR PARK CIRCLE**
1.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

2.1 TITLE **DV** ☐ Change ☒ Addition
2.2 NAME **YODER, ROY**
2.3 STREET ADDRESS **1003 MCGREGOR PARK CIR.**
2.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **BAIDE, RON**
3.3 STREET ADDRESS **1203 MCGREGOR PARK CIR.**
3.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

4.1 TITLE **DT** ☐ Change ☒ Addition
4.2 NAME **GRAY, FRED**
4.3 STREET ADDRESS **2002 MCGREGOR PARK CIR.**
4.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

5.1 TITLE **DS** ☐ Change ☒ Addition
5.2 NAME **NANCE, STEVE**
5.3 STREET ADDRESS **103 MCGREGOR PARK CIR**
5.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **GEIGER, ED**
6.3 STREET ADDRESS **902 MCGREGOR PARK CIR.**
6.4 CITY-ST-ZIP **FT. MYERS, FL 33908**

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: **Roy A. Yoder** **Roy A. Yoder** **4-1-96** **941-482-3660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)