

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90187 017 \*\*\*\*61.25

DOCUMENT # N28073

1. Entity Name

MCGREGOR PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2510 MCGREGOR PARK CIR  
FORT MYERS FL 33908  
US

Mailing Address

2510 MCGREGOR PARK CIR  
FT. MYERS FL 33908  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0071042

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARVEY, CANOY  
1403 MCGREGOR PARK CIRCLE  
FT MYERS FL 33908

Name **ROSEMARY SACCO**

Street Address (P.O. Box Number is Not Acceptable)  
**2301 MCGREGOR PARK CIRCLE**

City **FT. MYERS**

FL

Zip Code  
**33908**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                          |                                            |
|------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>HARVEY, CANOY<br>1403 MCGREGOR PARK CIRCLE<br>FT. MYERS FL 33908   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>PURSLEY, WALTER<br>603 MCGREGOR PARK CIRCLE<br>FT. MYERS FL 33908 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FALLS, ALLEN<br>1001 MCGREGOR PARK CIRCLE<br>FT MYERS FL 33908      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>NANCE, BARBARA<br>103 MCGREGOR PARK CR<br>FORT MYERS FL 33908      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HAHN, DOROTHY<br>2103 MCGREGOR PARK CIRCLE<br>FORT MYERS FL 33908   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>AMON, HAZEL<br>301 MCGREGORPARK CIRCLE<br>FORT MYERS FL 33908       | <input type="checkbox"/> Delete            |

|                                                |                                                                           |                                                                              |
|------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>ROSEMARY SACCO<br>2301 MCGREGOR PARK CIRCLE<br>FT MYERS FL 33908    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>CHUCK OSBORNE<br>704 MCGREGOR PARK CIRCLE<br>FT. MYERS, FL 33908   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>EDYTH LAMB<br>2204 MCGREGOR PARK CIRCLE<br>FT MYERS, FL 33908       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DT<br>TOM BUMBALO<br>1102 MCGREGOR PARK CIRCLE<br>FT MYERS, FL 33908      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KIMBERLY CATHERS<br>2101 MCGREGOR PARK CIRCLE<br>FT. MYERS, FL 33908 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>VICKI MCENTAFER<br>801 MCGREGOR PARK CIRCLE<br>FT MYERS, FL 33908    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/01

941-454-8050

CR2E037 (10/00)