2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2004 8:00 am **DOCUMENT # N28073** Secretary of State 1. Entity Name MCGREGOR PARK CONDOMINIUM ASSOCIATION, INC. 01-09-2004 90069 039 ****61.25 Principal Place of Business Mailing Address 2510 MCGREGOR PARK CIR 2510 MCGREGOR PARK CIR FORT MYERS, FL 33908 FT. MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E037 (10/03) 4. FEI Number 65-0071042 Applied For City & State City & State Not Applicable Zip Country Zip . Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUMBALO, THOMAS S JR. Street Address (P.Q. Box Number is Not Acceptable) 1102 MCGREGOR PARK CIRCLE FT MYERS, FL 33908 City Zio Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DVP ☐ Change Addition TITLE ☐ Delete TITLE FREDRICKSON LORRAINE MCENTAFFER, VICKI NAME NAME 1901 - Mc GREGOR PARK CIR STREET ADDRESS 801 MCGREGOR PARK CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT, MYERS, FL 33908 ft ngers fl 33908 Change Addition Delete TITI F TITLE WELLS, ARTHUR NAME NAME 2002 MCGREGOR PARK CIR STREET ADDRESS STREET ADDRESS FT. MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME THOMPSON, JOHN R NAME 102 MCGREGOR PARK CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS, FL 33908 ☐ Delete Change ☐ Addition TITLE TITLE BUMBALO, TOM NAME NAME 1102 MCGREGOR PARK CIRCLE STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE DP TITLE CATHERS, KIMBERLY ESQ NAME NAME 2101 MCGREGOR PARK CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE OSBORNE, CHARLES NAME NAME 704 MCGREGOR PARK CIR STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT MYERS, FL 33908 CITY-ST-ZIP

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: _____

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-04

239-433 - 0792 Daytime Phone #

FILED