

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2005 8:00 am**  
**Secretary of State**

01-14-2005 90014 028 \*\*\*\*70.00

**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**

**40001173**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-NP

CR2E037 (10/03)

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

**BUMBALO, THOMAS S JR.  
1102 MCGREGOR PARK CIRCLE  
FT MYERS, FL 33908**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LORRAINE, FREDRICKSON  
1901 - MC GREGOR PARK CIR  
FT. MYERS, FL 33908** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
WELLS, ARTHUR  
2002 MCGREGOR PARK CIR  
FT, MYERS, FL 33908** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMPSON, JOHN R  
102 MCGREGOR PARK CIR  
FORT MYERS, FL 33908** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
BUMBALO, TOM  
1102 MCGREGOR PARK CIRCLE  
FORT MYERS, FL 33908** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
CATHERS, KIMBERLY ESQ  
2101 MCGREGOR PARK CIRCLE  
FORT MYERS, FL 33908** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D-PRES.  
ROSEMARY SACCO  
2301 - MCGREGOR PARK CIRCLE  
FORT MYERS FL- 33908** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OSBORNE, CHARLES  
704 MCGREGOR PARK CIR  
FORT MYERS, FL 33908** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D- SEC  
SAME** ☒ Change ☐ 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.

**239-433-0792**

SIGNATURE: *Thomas S. Bumbalo Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas S. Bumbalo Jr.*  
Date

*1-5-05*  
Daytime Phone #