


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

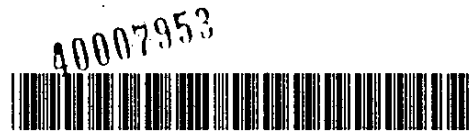
02-02-2006 90071 024 ****61.25

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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01202006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent
 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 *Thomas S Bumbalo Jr* DATE **1-26-06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

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 D LORRAINE, FREDRICKSON STREET ADDRESS 1901 - MC GREGOR PARK CIR CITY-ST-ZIP FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME D Allen Falls STREET ADDRESS 1001 McGregor Pk circle CITY-ST-ZIP FT Myers FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D THOMPSON, JOHN R STREET ADDRESS 102 MCGREGOR PARK CIR CITY-ST-ZIP FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME DYP Michael Hoyman STREET ADDRESS 2203 McGregor Pk circle CITY-ST-ZIP FT Myers FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME DT BUMBALO, TOM STREET ADDRESS 1102 MCGREGOR PARK CIRCLE CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME DP SACCO, ROSEMARY STREET ADDRESS 2301 MCGREGOR PARK CIRCLE CITY-ST-ZIP FORT MYERS, FL 33908	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME DS OSBORNE, CHARLES STREET ADDRESS 704 MCGREGOR PARK CIR CITY-ST-ZIP FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete	TITLE NAME DS James F. Millikin STREET ADDRESS 902 McGregor Pk Circle CITY-ST-ZIP FT Myers FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Thomas S. Bumbalo Jr.* DATE **1-26-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Thomas S. Bumbalo Jr.