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Mar 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28655 (1)

1. Corporation Name

MCGREGOR GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ANDREW HENNING
6335 ST ANDREW CIR
FT MYERS FL 33919
US

6335 ST ANDREW CIR
6214 ST. ANDREWS CR.
FT MYERS FL 33919-1718
US

3. Date Incorporated or Qualified
09/30/1988

3a. Date of Last Report
03/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0076241

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$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

10. Name and Address of New Registered Agent

HENNINGS, ANDREW
6335 ST ANDREW CIR
FT MYERS FL 33919

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HENNINGS, ANDREW
STREET ADDRESS 6335 ST ANDREWS CIR
CITY-ST-ZIP FT. MYERS FL

TITLE VD
NAME STACHEL, JOE
STREET ADDRESS 6222 N ST. ANDREWS CIR.
CITY-ST-ZIP FT. MYERS FL

TITLE D
NAME SCHULLIAN, DELORES
STREET ADDRESS 6302 ST. ANDREWS CR.
CITY-ST-ZIP FORT MYERS FL

TITLE D
NAME HERBERT, MICHAEL
STREET ADDRESS 1418 ARGYLE DR
CITY-ST-ZIP FORT MYERS FL

TITLE D
NAME PORTER, CHARLES
STREET ADDRESS 6233 ST ANDREWS CIR
CITY-ST-ZIP FT. MYERS FL

TITLE TD
NAME TATE, CARL
STREET ADDRESS 6221 ST. ANDREWS CR.
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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

CR2E037 (9/96)