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FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90016 027 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28655

1. Corporation Name

MCGREGOR GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

ANDREW HENNING
6335 ST ANDREW CIR
FT MYERS FL 33919
US

Mailing Address

6335 ST ANDREW CIR
~~6335 ST ANDREW CIR~~
FT MYERS FL 33919
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/30/1988

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

9. Name and Address of Current Registered Agent

HENNINGS, ANDREW
6335 ST ANDREW CIR
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

Andrew H. Hennings

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

6335 St. Andrew Cr.

83

Ft. Myers, Fl. 33919

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

TITLE DP ☐ DELETE

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

TITLE VD ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

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

TITLE TD ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 to this report, with all other like empowered.

SIGNATURE:

Andrew H. Hennings
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (1/1/98)