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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N28655

1. Corporation Name

MCGRE	GOR GARDENS HOMEOWN	IERS ASSOCIATION, IN	C.	•				
Principal Place ANDREW HENI 6335 ST ANDR FT MYERS FL US	ning () () () () () () () () () (Mailing Address 6335 ST ANDREW CIR 6335 ST ANDREW CIR FT MYERS FL 33919 US						
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed	 		
21		26			09/30/1988			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number			plied For
22		. 27	<u> </u>	<u> </u>	-65-0076241	<u>.</u>		t Applicable
City & Stat	e e	City & State			5. Certifcate of Status Desired		\$8.75 / Fee Re	
Zip	Country	Zip	Coun	try	6. Election Campaign Financing		\$5.00	- 1
24	9. Name and Address of Curren		30		Trust Fund Contribution 10. Name and Address of New	Pagistarad :	Added t	to rees
6335 ST.	S, ANDREW ANDREW CIR S FL 33919		1	Street Addr 6335	ew H. Hennings ress (P.O. Box Number is Not Accept St. Andrew Cr. Myers, Fl. 33919	rable)	85 Zip (Code
						1 1		
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050 registered agent; or both, in the State im familiar with, and accept the obliga	02 and 617.1508, Florida Statute of Florida. Such change was autions of, Section 617.0503, Flor	s, the about thorized lida Statut	ove-named corp by the corporations.	oration submits this statement for the on's board of directors. I hereby acce		changing its	registered gistered
11. Pursuant office or r agent. I a	im tamiliar with, and accept the obliga	mons of, Section 617.0303, Plot	ua Statut			purpose of the appoin	changing its	registered gistered
agent. I a	Im familiar with, and accept the obligation in the obligation of t	nt and title if applicable. (NOTE:	ua Statut	ove-named corp by the corporation es.		purpose of the appoint		
agent. I a SIGNATURE	Signature, typed or printed name of registered age	mons of, Section 617.0303, Plot	Registered A	gent signature require	ed when reinstating)	purpose of the appoint		
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE:	Registered A 13. 1,1 TITL	gent signature require	ed when reinstating)	purpose of the appoint	D DIRECTO	DRS IN 12
agent. Ta SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DP HENNINGS, ANDREW	nt and title if applicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM	gent signature require	ed when reinstating)	purpose of the appoint	D DIRECTO	DRS IN 12
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FORT MYERS FL 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 of an attachment that it is a charge the empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

FT. MYERS FL

TATE, CARL

STREET ADDRESS 6221 ST. ANDREWS CR.

TD

DELETE

Change

☐ Addition

FILED

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

Mar 24, 1999 8:00 am Secretary of State