

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90099 014 ****61.25

DOCUMENT # N28655

1. Entity 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
FT MYERS FL 33919-1743
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0076241

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

HENNINGS, ANDREW H
6335 ST ANDREW CIR
FT MYERS FL 33919

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

Andrew H. Hennings
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2000
 DATE

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

941-936-7696