

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28655

1. Entity 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
FT MYERS FL 33919
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:
FEE 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 DP
NAME HENNINGS, ANDREW
STREET ADDRESS 6335 ST ANDREWS CIR
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE TD
NAME Hendricks, Bonnie
STREET ADDRESS 6234 St. Andrew Circle
CITY-ST-ZIP Ft. Myers, Fa. ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90106 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)