


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90088 014 \*\*\*\*61.25

<b>DOCUMENT # N28655</b>	
<b>1. Entity Name</b> MCGREGOR GARDENS HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> ANDREW HENNING 6335 ST ANDREW CIR FT MYERS FL 33919 US	<b>Mailing Address</b> 6335 ST ANDREW CIR FT MYERS FL 33919 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 65-0076241	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  HENNINGS, ANDREW H 6335 ST ANDREW CIR FT MYERS FL 33919
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<b>7. Name and Address of New Registered Agent</b>
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andrew H. Hennings* DATE *7-22-04*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> DP	<input type="checkbox"/> Delete
<b>NAME</b> HENNINGS, ANDREW	
<b>STREET ADDRESS</b> 6335 ST ANDREWS CIR	
<b>CITY-ST-ZIP</b> FT. MYERS FL	
<b>TITLE</b> VD	<input type="checkbox"/> Delete
<b>NAME</b> REDMIND, LINDA	
<b>STREET ADDRESS</b> 1530 ARGYLE DR.	
<b>CITY-ST-ZIP</b> FORT MYERS FL 33919	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> SCHULLIAN, DELORES	
<b>STREET ADDRESS</b> 6302 ST. ANDREWS CR.	
<b>CITY-ST-ZIP</b> FORT MYERS FL	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> HERBERT, MICHAEL	
<b>STREET ADDRESS</b> 1418 ARGYLE DR	
<b>CITY-ST-ZIP</b> FORT MYERS FL	
<b>TITLE</b> D	<input type="checkbox"/> Delete
<b>NAME</b> PORTER, CHARLES	
<b>STREET ADDRESS</b> 6233 ST ANDREWS CIR	
<b>CITY-ST-ZIP</b> FT. MYERS FL	
<b>TITLE</b> TD	<input type="checkbox"/> Delete
<b>NAME</b> HENDRICKS, BONNIE	
<b>STREET ADDRESS</b> 6234 ST ANDREW CIRCLE	
<b>CITY-ST-ZIP</b> FORT MYERS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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* *3-22-04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #