


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N28655		
1. Entity Name MCGREGOR GARDENS HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 6234 ST ANDREWS CIR FT MYERS, FL 33919 US	Mailing Address 6234 ST ANDREWS CIR FT MYERS, FL 33919 US	



01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0076241	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent HENDRICKS, BONNIE 6234 ST ANDREWS CIR FT MYERS, FL 33919	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

02/27/08-80026-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REDMIND, LINDA 1530 ARGYLE DR. FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULLIAN, DELORES 6302 ST. ANDREWS CR. FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERBERT, MICHAEL 1418 ARGYLE DR FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, CHARLES 6233 ST ANDREWS CIR FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENDRICKS, BONNIE 6234 ST ANDREW CIRCLE FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Bonnie Hendricks* **BONNIE HENDRICKS** **1-30-08** **239-936-0874**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #