

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28655

FILED
Apr 02, 2009
Secretary of State

Entity Name: MCGREGOR GARDENS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6234 ST ANDREWS CIR
FT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

6234 ST ANDREWS CIR
FT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0076241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRICKS, BONNIE
6234 ST ANDREWS CIR
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: REDMIND, LINDA
Address: 1530 ARGYLE DR.
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: SCHULLIAN, DELORES
Address: 6302 ST. ANDREWS CR.
City-St-Zip: FORT MYERS, FL

Title: D () Delete
Name: HERBERT, MICHAEL
Address: 1418 ARGYLE DR
City-St-Zip: FORT MYERS, FL

Title: D () Delete
Name: PORTER, CHARLES
Address: 6233 ST ANDREWS CIR
City-St-Zip: FT. MYERS, FL

Title: TD () Delete
Name: HENDRICKS, BONNIE
Address: 6234 ST ANDREW CIRCLE
City-St-Zip: FORT MYERS, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: WEST, JODIE
Address: 1435 ARGYLE DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change () Addition
Name: SCHULLIAN, DELORES
Address: 6302 ST. ANDREWS CR.
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change () Addition
Name: HERBERT, MICHAEL
Address: 1418 ARGYLE DR
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change () Addition
Name: PORTER, CHARLES
Address: 6233 ST ANDREWS CIR
City-St-Zip: FT. MYERS, FL 33919

Title: TD (X) Change () Addition
Name: HENDRICKS, BONNIE
Address: 6234 ST ANDREW CIRCLE
City-St-Zip: FORT MYERS, FL 33919

Title: PD () Change (X) Addition
Name: GOLDSMITH, JAMES
Address: 6350 ST ANDREWS CIRCLE
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE HENDRICKS

TD

04/02/2009

Electronic Signature of Signing Officer or Director

Date