

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28655

FILED  
Apr 22, 2012  
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:**

6234 ST. ANDREWS CIRCLE  
FT MYERS, FL 33919 US

**Current Mailing Address:**

6234 ST ANDREWS CIR  
FT MYERS, FL 33919 US

**New Mailing Address:**

6234 ST. ANDREWS CIRCLE  
FT MYERS, FL 33919 US

**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:**

HENDRICKS, BONNIE  
6234 ST. ANDREWS CIRCLE  
FT MYERS, FL 33919 US

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:

04/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: WEST, JODIE  
Address: 1435 ARGYLE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: D  
Name: SCHULLIAN, DELORES  
Address: 6302 ST. ANDREWS CIRCLE  
City-St-Zip: FORT MYERS, FL 33919

Title: D  
Name: HERBERT, MICHAEL  
Address: 1418 ARGYLE DR  
City-St-Zip: FORT MYERS, FL 33919

Title: D  
Name: PORTER, CHARLES  
Address: 6233 ST. ANDREWS CIRCLE  
City-St-Zip: FT. MYERS, FL 33919

Title: TD  
Name: HENDRICKS, BONNIE  
Address: 6234 ST. ANDREWS CIRCLE  
City-St-Zip: FORT MYERS, FL 33919

Title: PD  
Name: DEVECCHIS, TINA  
Address: 6206 ST. ANDREWS CIRCLE  
City-St-Zip: FORT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: BONNIE HENDRICKS

TD

04/22/2012

Electronic Signature of Signing Officer or Director

Date