

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29911

FILED  
Jul 23, 2006  
Secretary of State

**Entity Name:** MCGREGOR GARDENS ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1444 ARGYLE DR  
FORT MYERS, FL 33919

**New Principal Place of Business:**

1455 ARGYLE DR  
FORT MYERS, FL 33919

**Current Mailing Address:**

3555 WASHINGTON ROAD  
MCMURRAY, PA 15317

**New Mailing Address:**

1455 ARGYLE DRIVE  
FORT MYERS, FL 33919 US

FEI Number: 65-0097501      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LAVRACK, LAURA  
1444 ARGYLE DR  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

MARTINA, MARK C  
1455 ARGYLE DR  
FORT 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: MARK MARTINA

07/23/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAVRACK, LAURA  
Address: 1444 ARGYLE DR  
City-St-Zip: FORT MYERS, FL 33919

Title: T ( ) Delete  
Name: COLEMAN, SALLY F  
Address: 1481 ARGYLE DR  
City-St-Zip: FORT MYERS, FL 33919

Title: S ( ) Delete  
Name: MULLER, LOUETTA  
Address: 1482 ARGYLE DR  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MARTINA, MARK  
Address: 1455 ARGYLE DR  
City-St-Zip: FORT MYERS, FL 33919

Title: S (X) Change ( ) Addition  
Name: PHELPS, STEVE  
Address: 1452 ARGYLE DR  
City-St-Zip: FORT MYERS, FL 33919

Title: T (X) Change ( ) Addition  
Name: SAVAGE, KRISTIE  
Address: 1464 ARGYLE DR  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK MARTINA

P

07/23/2006

Electronic Signature of Signing Officer or Director

Date