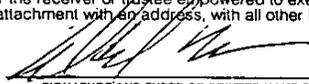


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90194 038 \*\*\*\*61.25

|   |                          |  |  |   |  |
|---|--------------------------|--|--|---|--|
| <b>DOCUMENT # N96000003505</b><br>1. Entity Name<br><b>MCGRATH POINT ESTATES ASSOCIATION, INC.</b>  |                          |  |  |                |  |
| Principal Place of Business<br><b>17194 TOLEDO BLADE BLVD.<br/>         PORT CHARLOTTE, FL 33954</b>  |                          |  | Mailing Address<br><b>17194 TOLEDO BLADE BLVD.<br/>         PORT CHARLOTTE, FL 33954</b> |   |  |
| 2. Principal Place of Business  |                          | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |                          | Suite, Apt. #, etc.  |  |   |  |
| City & State  |                          | City & State   |  | 02172005 Chg-NP CR2E037 (10/03)   |  |
| Zip   |                          | Country  |  | 4. FEI Number<br><b>65-0692802</b>  |  |
| Zip   |                          | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>MCKINLEY, MICHAEL R<br/>         18401 MURDOCK CIRCLE<br/>         PORT CHARLOTTE, FL 33948</b>   |                          |  |  | 7. Name and Address of New Registered Agent   |  |
|   |                          |  |  | Name  |  |
|   |                          |  |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |                          |  |  | City  |  |
|   |                          |  |  | <b>FL</b>   |  |
|   |                          |  |  | 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                          |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>         Due by May 1, 2005</b>  |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |                          |  |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                          |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                    |   |  |
| TITLE   | TD                       | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition |
| NAME  | MANOLES, GUS             |  | NAME   | <i>President/Director</i>   |  |
| STREET ADDRESS  | 4301 POINT CT            |  | STREET ADDRESS   | <i>Dr. Stephen Petralshy</i>  |  |
| CITY - ST - ZIP   | PORT CHARLOTTE, FL 33948 |  | CITY - ST - ZIP  | <i>19011 McGrath Circle<br/>Pt. Charlotte, FL 33948</i>   |  |
| TITLE   | DS                       | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition |
| NAME  | MCKINLEY, MICHAEL R      |  | NAME   | <i>Director</i>   |  |
| STREET ADDRESS  | 18401 MURDOCK CIRCLE     |  | STREET ADDRESS   | <i>Dr David Winsor</i>  |  |
| CITY - ST - ZIP   | PORT CHARLOTTE, FL 33948 |  | CITY - ST - ZIP  | <i>4200 Eagle Nest Court<br/>Pt. Charlotte, FL 33948</i>  |  |
| TITLE   | PD                       | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition |
| NAME  | MCMULLEN, DEBORAH A      |  | NAME   | <i>Director</i>   |  |
| STREET ADDRESS  | 4320 POINT COURT         |  | STREET ADDRESS   | <i>Ms Jo Ann Moore</i>  |  |
| CITY - ST - ZIP   | PORT CHARLOTTE, FL 33948 |  | CITY - ST - ZIP  | <i>18890 Lake Wood Blvd<br/>Pt. Charlotte, FL 33948</i>   |  |
| TITLE   | DVP                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input checked="" type="checkbox"/> Addition |
| NAME  | REEVES, DAVID            |  | NAME   | <i>Director</i>   |  |
| STREET ADDRESS  | 17210 TOLEDO BLADE BLVD. |  | STREET ADDRESS   | <i>Arthur Corsoletti</i>  |  |
| CITY - ST - ZIP   | PORT CHARLOTTE, FL 33954 |  | CITY - ST - ZIP  | <i>4350 Point Court<br/>Pt. Charlotte, FL 33948</i>   |  |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE  | <input checked="" type="checkbox"/> Change  | <input type="checkbox"/> Addition            |
| NAME  |                          |  | NAME   | <i>Treasurer/Director</i>   |  |
| STREET ADDRESS  |                          |  | STREET ADDRESS   | <i>David Reeves</i>   |  |
| CITY - ST - ZIP   |                          |  | CITY - ST - ZIP  | <i>17194 Toledo Blade Blvd<br/>Port Charlotte, FL 33954</i>                                     |  |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition            |
| NAME  |                          |  | NAME   |   |  |
| STREET ADDRESS  |                          |  | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   |                          |  | CITY - ST - ZIP  |   |  |
| 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. |                          |  |  |   |  |
| <b>SIGNATURE:</b>    |                          |  | <b>4.26.05</b><br>Date   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                          |  |  |   |  |
| <small>Daytime Phone #</small>  |                          |  |  |   |  |