



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