

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003505

FILED  
Jan 10, 2007  
Secretary of State

**Entity Name:** MCGRATH POINT ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

17194 TOLEDO BLADE BLVD.  
PORT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

17194 TOLEDO BLADE BLVD.  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

**FEI Number:** 65-0692802      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MCKINLEY, MICHAEL R  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948      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: PD      ( ) Delete  
Name: PETROFSKY, STEPHEN  
Address: 19011 MCGRATH CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D      ( ) Delete  
Name: WINSOR, DAVID DR  
Address: 4800 EAGLE NEST COURT  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DVP      ( ) Delete  
Name: REEVES, DAVID  
Address: 17210 TOLEDO BLADE BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: D      ( ) Delete  
Name: CORSALETTI, ARTHUR  
Address: 4350 POINT COURT  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: TD      ( ) Delete  
Name: BEEVES, DAVID  
Address: 17914 TOLEDO BLADE BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33954

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

Title: PD      (X) Change ( ) Addition  
Name: PETROFSKY, STEPHEN  
Address: MCGRATH CIRCLE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP      (X) Change ( ) Addition  
Name: REEVES, DAVID  
Address: 17194 TOLEDO BLADE BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33954

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID REEVES

DVP

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date