

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003505

FILED
Apr 27, 2009
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: 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: 17194 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

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 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

MNGR

04/27/2009

Electronic Signature of Signing Officer or Director

Date