## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9600003505

MCGRATH POINT ESTATES ASSOCIATION, INC.



## **FILED** Jan 13, 2003 8:00 am § Secretary of State

01-13-2003 90438 023 \*\*\*\*61.25

Principal F	Place of Business	Mailing Address			-			
18401 MURDOCK CIRCLE		18401 MURDOCK CIRCLE	18401 MURDOCK CIRCLE PORT CHARLOTTE FL 33948					
					 	### #### #### ##### ##### #####		1 <b>6 8 ) 1</b> 1 <b>6</b> 7 1 1 7 <b>6 1</b> 1
	al Place of Business	3. Mailing Address	3. Mailing Address					
17210 Toledo Blade Blvd.		17210 Toledo Blade Blvd.		1 177	1 (0.00)	isa <b>a</b> ffini <b>da</b> hih <b>da</b> hih <b>da</b> hih <b>da</b>	ili balaa iliah alih	
Suite, A	pt. #, etc.	Suite, Apt. #, etc.	V MICHAEL D.			CHECK HERE IF MAI	KING CHANCI	
City & S	tate	City & State					NING CHANG	ES
Port Charlotte, FL		Port Charlotte, FL			4. FEI Number 65	-0692802		Applied For
Zip	Country	Zip						Not Applicable
3395		33954	USA	Í	<ol><li>Certificate of St</li></ol>	atus Desired 📋	<b>\$8.75</b> A	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New Register		<del></del>
Lection	EV MOUNT D		Name	9				
MUKINE	.EY, MICHAEL R MURDOCK CIRCLE		Street	Street Address (P.O. Box Number is Not Acceptable)				
	CHARLOTTE FL 33948							
10111	MAILOTTE PL 33940						<del></del>	
	;		City			- <u></u> .	Zip Co	ode
8. The above	ve named entity submits this statement fo ations of registered agent.	or the purpose of changing it	s registered office	or registers	dent de la deservación de la constantia de	r	<b>-</b> L	
the oblig	ations of registered agent.	man parpage of andinging it	a registered dilice	or registere	a agent, or both, in t	he State of Florida. 1	am familiar with	n, and accept
, t	<i>;</i>							
SIGNATURE	Signature, typed or printed name of registered agent :	· · · · · · · · · · · · · · · · · · ·						
	ypad or printed harrie or registered agent	and title if applicable. (NO	TE: Registered Agent sign	nature required w	then reinstating)	DAT	E	
FILE NOW: FEE IS \$61.25			mpaign Financing Contribution.		5.00 May Be Added to Fees	Make Che Florida Dep	eck Payable	to State
10.	OFFICERS AND DIR	RECTORS	11.	- 15				-
TITLE	TD	□ Delete	TITLE	AL	DDITIONS/CHANGE	S TO OFFICERS AND		N 10
NAME	MANOLES, GUS	LA Delete	NAME	1			☐ Change	☐ Addition
STREET ADDRESS	700110111101		STREET ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		CITY-ST-ZIP					
TITLE	VSD	☐ Delete	TITLE	Direc	ctor and Se	cretary	<b>X</b> Change	- Addition
NAME STREET ADDRESS	MCKINLEY, MICHAEL R		NAME			or o dary	Tar change	Addition
CITY-ST-ZIP	18401 MURDOCK CIRCLE		STREET ADDRESS	1				
	PORT CHARLOTTE FL		CITY-ST-ZIP_	33948		~		
NAME	MCMULLEN, DEBORAH A	☐ Delete	TITLE	}	-		☐ Change	Addition
STREET ADDRESS	4320 POINT COURT		NAME STREET ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL		CITY-ST-ZIP	33948				
TITLE		Delete		<del></del> -				
NAME		□ Delete	TITLE NAME	Direc	ctor and Vi d Reeves	ce President	∟, ☐ Change	🔼 Addition
STREET ADDRESS			STREET ADDRESS		o Reeves O Toledo Bl	od. pr	Treasu	rer
CITY-ST-ZIP			CITY-ST-ZIP	Port	Charlotte,			
TITLE	<del></del>	☐ Delete	TITLE		CHALIOCIE,	FL 33954	☐ Change	[ ] Add:::
NAME STREET ADDRESS			NAME				□ Unange	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
TITLE		<del>_</del>	CITY-ST-ZIP					
NAME		☐ Delete	TITLE	_			☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS				-	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-7IP					

I hereby certify that the information supplied with this filling 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

SIGNATURE

URE REQUIRED Michael R. McKinley 1/9/03