


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90149 043 ****61.75

DOCUMENT # N01000005810
 1. Entity Name
MCGREGOR LAKES CENTER OFFICE PARK ASSOCIATION, INC.



Principal Place of Business
 15051 SOUTH TAMIAMI TRAIL SUITE 203
 FORT MYERS, FL 33908

Mailing Address
 15051 SOUTH TAMIAMI TRAIL SUITE 203
 FORT MYERS, FL 33908

2. Principal Place of Business
 12734 Kenwood Lane
 Suite, Apt. #, etc.
Suite 93
 City & State
Fort Myers, FL 33907

3. Mailing Address
 12734 Kenwood Lane
 Suite, Apt. #, etc.
Suite 93
 City & State
Fort Myers, FL 33907



02252005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0731001

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip Country Lee Lee

6. Name and Address of Current Registered Agent
CONSOER, GEORGE L JR
 1625 HENDRY STREET
 FORT MYERS, FL 33901

7. Name and Address of New Registered Agent
 Name
R&A Agents, Inc. Att: Samuel J. Hagan, IV, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
2320 First Street, Suite 1000
 City
Fort Myers **FL** Zip Code
33901

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:  (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, EDWARD D 15051 SOUTH TAMIAMI TRAIL SUITE 203 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP, T Max Joseph Harari 12734 Kenwood Lane, Suite 93 Fort Myers, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADKINS, SANDRA 15051 SOUTH TAMIAMI TRAIL SUITE 203 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Michael Harari 12734 Kenwood Lane, Suite 93 Fort Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATTON, CINDY A 15051 SOUTH TAMIAMI TRAIL SUITE 203 FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Samuel J. Hagan, IV 2320 First Street, Suite 1000 Fort Myers, FL 33901 <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	<input 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
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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # (239) 337-3850