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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2006 AUG 24 AM 10: 46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Principal Place of Business 12734 KENWOOD LANE SUITE 93 FORT MYERS, FL 33907	Mailing Address 12734 KENWOOD LANE SUITE 93 FORT MYERS, FL 33907
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07112006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0731001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

R&A AGENTS, INC.
ATTN: SAMUEL J. HAGAN, IV, ESQ.
2320 FIRST STREET SUITE 1000
FORT MYERS, FL 33901

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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: *Quana Hoos* DATE: 7/11/06

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT HARARI, MAX J 12734 KENWOOD LANE SUITE 93 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/OP HARARI, MICHAEL 12734 KENWOOD LANE SUITE 93 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAMUEL, J. HAGAN IV 2320 FIRST STREET SUITE 1000 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>13 8/24/06</u>

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Quana Hoos* DATE: 7/11/06 DAYTIME PHONE #: 239-939-9959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR