

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90004 017 ****61.25

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

40029960



02022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0731001 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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	

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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: *Seida Hoo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07
 Date

Daytime Phone #