2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000005810

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

Principal Place of Business	Mailing Address
13131 UNIVERSITY DRIVE C/O COMMERCIAL PROPERTY MGME SERVICES FORT MYERS, FL 33907	13131 UNIVERSITY DRIVE C/O COMMERCIAL PROPERTY MGME SERVICES FORT MYERS, FL 33907

40017266

01072008   No Chg-NP   CR2E037 (4/06)

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4. FEI Number	Applied For
65-0731001	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 _____

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	DVPT
NAME	HARARI, MAX J
STREET ADDRESS	12734 KENWOOD LANE SUITE 93
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D/OP
NAME	HARARI, MICHAEL
STREET ADDRESS	12734 KENWOOD LANE SUITE 93
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	D
NAME	SAMUEL, J. HAGAN IV
STREET ADDRESS	2320 FIRST STREET SUITE 1000
CITY-ST-ZIP	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: _Pamela K Van Vleck_   PAMELA K. VAN VLECK   1/23/08   239-425-6424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #