

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002735

1. Entity Name
ALEXANDER OAKS OFFICE PARK ASSOCIATION, INC.



Principal Place of Business
**1607 ALEXANDER ST., STE. 102
PLANT CITY, FL 33563**

Mailing Address
**1607 ALEXANDER ST., STE. 102
PLANT CITY, FL 33563**



01302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0875951

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCGRATH, LOUIS R
1607 ALEXANDER ST., STE. 102
PLANT CITY, FL 33563**

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IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCGRATH, LOUIS W
STREET ADDRESS	P.O. DRAWER X
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	D
NAME	MCGRATH, GAIL C
STREET ADDRESS	P.O. BOX 33566
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	D
NAME	MCGRATH, LOUIS R
STREET ADDRESS	1607 ALEXANDER ST., STE. 102
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Louis R. McGrath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/06

Date

Daytime Phone #