


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



01302006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 20-0875951 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

DO NOT WRITE 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	

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 03/15/06-80031-003 61.25

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 Date: 2/3/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR