

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90035 011 ****61.25

DOCUMENT # N04000002735

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



Principal Place of Business
**1507 ALEXANDER ST., STE. 103
PLANT CITY, FL 33563**

Mailing Address
**P.O. BOX 3566
PLANT CITY, FL 33566**

40052803



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-0875951

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Gail Calhoun**
Street Address (P.O. Box Number is Not Acceptable)
1507 S. Alexander St., Ste 103
City **Plant City** FL Zip Code **33563**

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 **Gail Calhoun**

3/13/08

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MCGRATH, LOUIS W**
STREET ADDRESS **P.O. DRAWER X**
CITY-STATE-ZIP **PLANT CITY, FL 33563**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **MCGRATH, GAIL C**
STREET ADDRESS **P.O. BOX 3566**
CITY-STATE-ZIP **PLANT CITY, FL 33563**

TITLE **Pres.** ☒ Change ☐ Addition
NAME **Calhoun, Gail**
STREET ADDRESS **1507 S. Alexander St., Ste 103**
CITY-STATE-ZIP **Plant City, FL 33563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **Member** ☐ Change ☒ Addition
NAME **Davis, Aaron**
STREET ADDRESS **1507 S. Alexander St., Ste 103**
CITY-STATE-ZIP **Plant City, FL 33563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **Member** ☐ Change ☒ Addition
NAME **Davis, Nathan**
STREET ADDRESS **1507 S. Alexander St., Ste 103**
CITY-STATE-ZIP **Plant City, FL 33563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: **Gail Calhoun**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08

Date

813-747-1128

Daytime Phone #