


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N36008	
1. Entity Name HAGEN PALEN OFFICE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 10181 6 MILE CYPRESS PKWAY FT. MYERS, FL 33912 US	Mailing Address P.O. BOX 1666 FT. MYERS, FL 33902-1666 US
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03272004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0163114	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PALEN, HOWARD E. 10181 SIX MILE CYPRESS PARKWAY FT. MYERS, FL 33912

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U000000101734
04/02/04-80024-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAGEN, JAMES L. 14971 ORANGE RIVER RD FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PALEN, HOWARD E. 10181 SIX MILE CYPRESS FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BECK, MICHAEL D. 10181 6 MILE CYPRESS PKY FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemption stated in Section 119.07(3)(b), 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:  **James L. Hager** 3/31/04 2784455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #