



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 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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DO NOT WRITE IN THIS SPACE



03192005 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

8. Name and Address of Current Registered Agent

**PALEN, HOWARD E.
10181 SIX MILE CYPRESS PARKWAY
FT. MYERS, FL 33912**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000273921 03/23/05-80046-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME HAGEN, JAMES L.
STREET ADDRESS 14971 ORANGE RIVER RD	CITY-ST-ZIP FT. MYERS, FL
TITLE VD	NAME PALEN, HOWARD E.
STREET ADDRESS 10181 SIX MILE CYPRESS	CITY-ST-ZIP FT. MYERS, FL
TITLE STD	NAME BECK, MICHAEL D.
STREET ADDRESS 10181 6 MILE CYPRESS PKY	CITY-ST-ZIP FT. MYERS, FL
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 exemption stated in Section 119.07(3)(f), 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. HAGEN** 3-21-05 28724455

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