

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000009285**

1. Entity Name  
METRO PARK ONE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
6000 METROWEST BLVD  
111  
ORLANDO, FL 32835

Mailing Address  
C/O COLLIERS ARNOLD  
622 E. WASHINGTON ST., STE. 300  
ORLANDO, FL 32801



04102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3109046	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SKORMAN, MARC  
6000 METROWEST BLVD  
STE 111  
ORLANDO, FL 32835

**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)  
Signature, typed or printed name of registered agent and title if applicable. 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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, KENNETH 6000 METROWEST BLVD SUITE 201 ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, REGGIE 6000 METROWEST BLVD SUITE 206 ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRALEY, JOHN 6000 METROWEST BLVD SUITE 107 ORLANDO, FL 32835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000933075  
05/22/08-80079-014 61.25

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGGIE PHILLIPS 4-24-08 407-578-6635

Date

Daytime Phone