2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005597

1. Entity Name

METRO SOUTH EXECUTIVE PARK CONDOMINIUM ASSOCIATION, INC.



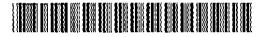
FILED Feb 20, 2006 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

6260 DUPONT STATION CT., SUITE D JACKSONVILLE, FL 32217 Malling Address

6260 DUPONT STATION CT., SUITE D JACKSONVILLE, FL 3ZZ17



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR

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4.	FEI Number		{		Applied For
	26-006	7066	{		Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, CHARLES B
6260 DUPONT STATION CT., SUITE D
JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

JACKSON	VILLE, FL 32217		IN THIS SPACE			
	named entity submits this statement for the $\boldsymbol{\rho}$ lons of registered agent.	urpose of changing its register	ed office or a	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
\$IGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registere	Agent signature	required when redistating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finar Trust Fund Contribution.	icing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	I		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PRICE, CHARLES 8 6260 DUPONT STATION CT., SUITE I JACKSONVILLE, FL 32217	3				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, SAMUEL 6260 DUPONT STATION CT., SUITE D JACKSONVILLE, FL 32217				HRW000440025 03/02/06-80023-024-61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	00000010111011011011011			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the conchanged	certify that the Information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowered, or on an attachment/with an address, with all	ing does not qualify for the ex nd accurate and that my signa i to execute this report as requi other like empowered.	emptions co lure shall ha red by Char	ntained in Chapter 11 ve the same legal effe- iter 617, Florida Statut	 Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if 	