

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N03000005597

1. Entity Name
**METRO SOUTH EXECUTIVE PARK CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**6260 DUPONT STATION CT., SUITE D
JACKSONVILLE, FL 32217**

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

DO NOT WRITE IN THIS SPACE



01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
26-0067066

Applied For
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**

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 rechartering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PRICE, SAMUEL
6260 DUPONT STATION CT., SUITE D
JACKSONVILLE, FL 32217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MESNER, HARRY C
6260 DUPONT STATION CT., SUITE D
JACKSONVILLE, FL 32217**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000440025
03/02/06-80023-024 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: Harry C Mesner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06 904367-1700x1
Date Daytime Phone