


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90025 005 \*\*\*\*70.00

<b>DOCUMENT #</b> N03000005597	
1. Entity Name <b>METRO SOUTH EXECUTIVE PARK CONDOMINIUM ASSOCIATION, INC.</b>	

40110496



07082008 Chg-NP CR2E037 (12/06)

4. FEI Number 26-0067066	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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2. Principal Place of Business - No P.O. Box # 6260 DUPONT STATION CT., SUITE D JACKSONVILLE, FL 32217		3. Mailing Address 6260 DUPONT STATION CT., SUITE D JACKSONVILLE, FL 32217	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202	
City & State JACKSONVILLE		City & State JACKSONVILLE	
Zip 32217	Country FLORIDA	Zip 32217	Country FLORIDA

6. Name and Address of Current Registered Agent  SCHOENIG, ERIC 6028 CHESTER AVE STE 202 JACKSONVILLE, FL 32217		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Eric W. Schoenig (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOENIG, ERIC 6028 CHESTER AVE STE 202 JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ERIC W. SCHOENIG Eric W. Schoenig 7/11/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904-737-4129