

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

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90051 018 \*\*\*\*61.25

**DOCUMENT # N03000006806**

1. Entity Name  
**PLAZA AT METRO EAST CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business

**6700 CONROY-WINDERMERE ROAD STE 230  
ORLANDO, FL 32835**

Mailing Address

**6700 CONROY-WINDERMERE ROAD STE 230  
ORLANDO, FL 32835**

40001100



03252008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0172566**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REAL PROPERTY SPECIALISTS, INC.  
6700 CONROY-WINDERMERE ROAD STE 230  
ORLANDO, FL 32835**

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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

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

(NOTE: Registered Agent signature required when reinstating)

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	D
NAME	HUDSON, C. PRED
STREET ADDRESS	3290 WEST FIRST ST.
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	CHARION, ALAN C
STREET ADDRESS	6700 CONROY RD., STE. 230
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	D
NAME	SMITH, WILLIAM G
STREET ADDRESS	6700 CONROY RD., STE. 230
CITY-ST-ZIP	ORLANDO, FL 32835

**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

**4/8/08 (407)291-9000**

Date

Daytime Phone #