2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009285

FILED Apr 28, 2004 8:00 am Secretary of State

1. Entity Nam METRO F	PARK ONE CONDOMINIUM		04-28-2004 902	!26 035 **	**61.25		
Principal Place of Business 2813 S. HIAWASSEE ROAD 2813 S. HIAWASSEE ROAD UNIT 101 UNIT 101 URLANDO, FL 32835 Mailing Address 2813 S. HIAWASSEE ROAD UNIT 101 ORLANDO, FL 32835			AD	1		1868 1868 1888 BK	
2. Principal Place of Business 6000 metrowest Blud 6000 metro			18 town				
Suite, Apt. #, etc. Suite. Apt. #, etc.					ng-NP CR2EC	037 (10/03)	
City & State	ndo, Florida	City & State Orlando	Floric	4. FEI Number 74-3/0	9046	No	plied For t Applicable
3283		32835	Orang &			\$8.75 Add Fee Required	
CKODIAN	6. Name and Address of Current F	legistered Agent	Name		ress of New Registered	PRESIDA	- T-
				reet Address (P.O. Box Number is Not Acceptable)			
ORLANDO, FL 32835				- Zio Codo			
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 PRESIDENT MARC SKORMAN PRESIDENT 9/19/04 Date Openium, typed or printed name of registered agent and the diappleable. (NOTE: Reg stored Agent signature required when renistating) Date							
,	Filing Fee is \$61.25 Due by May 1, 2004	\$5.00 May Be Added to Fees	Make chec Florida Depa	ck payable to			
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANG	ES TO OFFICERS AND D		
NAME STREET ADDRESS CITY-SI-ZIP	D SKORMAN, MARC 2813 S. HIAWASSEE ROAD #101 ORLANDO, FL 32835	☐ De¹ete	NAME STREET ADDRESS CITY-ST-ZIP	6000 metro			Addition
TITLE NAME STREET ADDRESS	D SKORMAŃ, KEVIN 2813 S. HIAWASSEE ROAD #101	☐ Delete	TITLE NAME STREET ADDRESS	booo metro		Change	☐ Addition
CITY-ST-ZIP	ORLANDO, FL 32835	□ polete	CITY-ST-ZIP TITLÉ	1,06no/10			- Addition
NAME STREET ADDRESS "CITY-ST-ZIP	SKORMAN, MILTON 2813 S. HIAWASSEE ROAD #101 ORLANDO: FL=32835	☐ Delete	NAME STREET ADDRESS - CITY-ST-ZIP	6000 metrou	oest Blud.	# 11 1	☐ Addition
IITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-0-1-0-1-10-1-10-1-10-1-10-1-10-1-10-1	K 6	Change	Addition
TITLE NAME STREET ADDRESS		☐ De¹ete	TITLE NAME STREET ADDRESS		<u></u>	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo- or on an attachment with an address, w	true and accurate and that m wered to execute this report a	the exemption sta v signature shall h	lave the same legal effect as I	if made under oath; that I id that my name appears	am an officer	or director Block 11 it

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