

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000005380**

1. Entity Name  
**METROPOLITAN CORPORATE CENTER PROPERTY  
OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1315 LEMOND STREET  
TALLAHASSEE, FL 32308 US**

Mailing Address  
**1315 LEMOND STREET  
TALLAHASSEE, FL 32308 US**



05172007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3190140**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. Name and Address of Current Registered Agent**

**ADAMS, JAY ESQ.  
215 SOUTH MONROE STREET  
SUITE 400  
TALLAHASSEE, FL 32301**

**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

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

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

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  
**P  
KRAUSE, ANNETTE B  
1315 LEMOND STREET  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
MIDDLEBROOKS, HARRY M JR.  
526 E. 7TH AVE.  
TALLAHASSEE, FL 32303**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
KRAUSE, ANNETTE B  
1315 LEMOND STREET  
TALLAHASSEE, FL 32308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MIDDLEBROOKS, HARRY M JR.  
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TALLAHASSEE, FL 32303**

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

U000000764384  
05/31/07-80020-013 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: Annette B Krause, Pres.** *Annette B. Krause* **5-17-07** **850 524-6884**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #