

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

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000009656

1. Entity Name

METRO SOUTH EAST ONE EXECUTIVE PARK
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

6282 DUPONT STATION COURT
JACKSONVILLE, FL 32217

Mailing Address

6282 DUPONT STATION COURT
SUITE 2
JACKSONVILLE, FL 32217



02262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2424306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

TOMPKINS, ROBERT
6282 DUPONT STATION COURT
STE 2
JACKSONVILLE, FL 32217

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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

000000842836
03/11/08-80046-007 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME TOMPKINS, ROBERT
STREET ADDRESS 6282 DUPONT STATION CT STE 2
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D
NAME HAYDEN, CALVIN
STREET ADDRESS 6282 DUPONT STATION CT STE 3
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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: *Robert Tompkins* D/RA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-08

Date

904-737-6767

Daytime Phone #