

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002599

FILED
Apr 16, 2007
Secretary of State

Entity Name: METROPOLITAN CIRCLE OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1625 METROPOLITAN CIRCLE UNIT B
TALLAHASSEE, FL 32308

New Principal Place of Business:

1625 METROPOLITAN CIRCLE UNIT A
TALLAHASSEE, FL 32308

Current Mailing Address:

1625 METROPOLITAN CIRCLE UNIT B
TALLAHASSEE, FL 32308

New Mailing Address:

1625 METROPOLITAN CIRCLE UNIT A
TALLAHASSEE, FL 32308

FEI Number: 51-0629939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, MONICA M
3116 CAPITAL CIRCLE NE SUITE 5
TALLAHASSEE, FL 32318 US

Name and Address of New Registered Agent:

RICHARDSON, SHARON
1625 METROPOLITAN CIRCLE SUITE A
TALLAHASSEE, FL 32308 US

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.

SIGNATURE: SHARON RICHARDSON

04/16/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POPPELL, CHRISTOPHER
Address: 1625 METROPOLITAN CIRCLE UNIT B
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD () Delete
Name: BAGWELL, ANGELYN
Address: 1625 METROPOLITAN CIRCLE UNIT B
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: RICHARDSON, SHARON
Address: 1625 METROPOLITAN CIRCLE UNIT B
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: POPPEL, BETH
Address: 1625 METROPOLITAN CIRCLE UNIT B
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: BAGWELL, ANGELYN
Address: 1625 METROPOLITAN CIRCLE UNIT A
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD (X) Change () Addition
Name: RICHARDSON, SHARON
Address: 1625 METROPOLITAN CIRCLE UNIT A
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELYN A BAGWELL

VPD

04/16/2007

Electronic Signature of Signing Officer or Director

Date