

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N06000002599

Entity Name: METROPOLITAN CIRCLE OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1625 METROPOLITAN CIRCLE UNIT A
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1625 METROPOLITAN CIRCLE UNIT A
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 51-0629939 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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 A
City-St-Zip: TALLAHASSEE, FL 32308

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SHARON C. RICHARDSON

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date