2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N07000000803

Entity Name: METRO PARK THREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 01-0837158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES E JR
% SENTRY MANG., INC.
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 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: JAMES W HART JR 04/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SKORMAN, MARC
Address: 6000 METROWEST BLVD STE 111
City-St-Zip: ORLANO, FL 32835

Title: D ( ) Delete
Name: SKORMAN, KEVIN
Address: 6000 METROWEST BLVD STE 111
City-St-Zip: ORLANO, FL 32835

Title: D ( ) Delete
Name: SKORMAN, MILTON
Address: 6000 METROWEST BLVD STE 111
City-St-Zip: ORLANO, FL 32835

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ARRIGA, GREG
Address: 1603 S HIAWASSEE RD STE 105
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change ( ) Addition
Name: PEROTT, ANDREW
Address: 905 FERN AVE
City-St-Zip: ORLANDO, FL 32814

Title: D (X) Change ( ) Addition
Name: DOWLING, PATTI
Address: 6150 METROWEST BLVD #301
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Change (X) Addition
Name: COHEN, ROBIN
Address: 6150 METROWEST BLVD #208
City-St-Zip: ORLANDO, FL 32835

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: GREG ARRIGA PD 04/28/2009
Electronic Signature of Signing Officer or Director Date