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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

79	196

DOCUMENT # N16811

(4)

## METROPOLITAN 5A CONDOMINIUM ASSOCIATION, INC.

Principal Place	o of Rusinana									
Principal Place	e of Business		Mailing Address				ı indiribi Edi liblib dileti idibli 910	MET TERM MYMOT MEMY	OIEN DIÐIS	OTORI OLDIE IDDI
1624 METROPOLITAN CIR PO BOX 4255 TALLAHASSEE FL 32308 TALLAHASSEE FL 32315		2315								
O Daineiro D							<ol> <li>Date Incorporated or Qualified 09/16/1986</li> </ol>	3a. Date	e of Last <b>5/01/1</b>	•
2. Principal Pi	lace of Business		2a. Mailing Address			4	4. FEI Number		<u> </u>	Applied For
Suite, Apt.	# etc		Suite, Apt. #, etc.				59-3187358			Not Applicable
City & State			27				5. Certificate of Status Desired		-	Additional Required
23	•		City & State			- (	6. Election Campaign Financing		\$5.0	О мау Ве
Zip	Co	untry	Zip	Cou	ıntry		Trust Fund Contribution			d to Fees
24	25	,	29	30		1,	<ol><li>This corporation has liability for Florida Statutes</li></ol>	intangible tax Yes 🛣 N		199.032,
	9. Name and Ad	dress of Current	Registered Agent			10	0. Name and Address of New I			
					81 Nam					
CALHOL	JN, LYNDA E.				82 Stree	+ Addmin 6	P.O. Box Number is Not Acceptal	blet		
1624 ME	TROPOLITAN CIF	₹	$\sim$		OZ SIFE	t Address (i	r.o. box number is not acceptal	Die)		
	ASSEE FL 32308				83			· · · · · · · · · · · · · · · · · · ·	<del></del>	
		) / .	/	ĺ	84 City	<del></del>			[I =	
					1 1 1 1 1			FL		Code
11. Pursuant t	to the provisions of S	ections 617.0202 a	and 617.1508, Florida State	utes, the abo	ve-named	corporation	submits this statement for the pu	rpose of chang	ging its re	egistered office
or register				rizeu by the c	corporation	s board of (	directors. I hereby accept the and	cointment as re	gistered	agent. Lam
or register familiar wit	th, and accept the of	olisations & Section	∩ 617.0503, Florida Statut	es.	1		and the same of the same	7.7	'	
or register familiar wit SIGNATURE	VAIINIO	$\mathcal{O} \cap \mathcal{O}$	n 617.0503, Florida Statut 1004 DT L	es. INUA E.	CALA	MUM	submits this statement for the pu directors. I hereby accept the app	2/8/9	96	
SIGNATURE	th, and accept the object of t	namis of registered agent ar	to title if applicable	es. INUITE Registered	CHLF	เกษณ	renstating)	DAYE /	$\varphi$	
SIGNATURE	Chnature, typedfor printed r	$\mathcal{O} \cap \mathcal{O}$	o trile il applicable (il DIRECTORS	NOTE: Registered	CHLF Agent signature	เกษณ		DAYE /	$\varphi$	
12.	Objective, typed or printed in	namili of registered agent ar OFFIOSES AND	to title if applicable	NOTE: Registered 13.	CALF Agent signature	เกษณ	renstating)	FICERS AND D	$\varphi$	
12. TITLE	VD BEVAN, LAURA	name of registered agent ar OFFIOERS-AND	o trile il applicable (il DIRECTORS	NOTE: Registered  13. 1.1 Til 12 NA	CHCF Agent signature TLE AME	required when	renstating)	FICERS AND D	<i>با</i>	RS IN 12
12. TITLE NAME STREET ADDRESS	VD BEVAN, LAURA 1624-B METRO	OFFICERS AND  A POLITAN CIR	o trile il applicable (il DIRECTORS	NOTE: Registered 13. 1.1 Till 12 NA 13 ST	Agent signature TLE AME REET ADDRESS	required when	renstating)	FICERS AND D	<i>با</i>	RS IN 12
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oath; that I am an officer or director of the corporation or title receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #