

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N16811 (4)**

1. Corporation Name  
**METROPOLITAN 5A CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **1624 METROPOLITAN CIR TALLAHASSEE FL 32308**  
Mailing Address: **PO BOX 4255 TALLAHASSEE FL 32315**

3. Date Incorporated or Qualified: **09/16/1986**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3187358**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country  
30. Country

9. Name and Address of Current Registered Agent  
**CALHOUN, LYNDA E.  
1624 METROPOLITAN CIR  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0602 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: *Lynda E. Calhoun* **LYNDA E. CALHOUN** **7/8/96**

12. OFFICERS AND DIRECTORS  
VD **BEVAN, LAURA A**  
1624-B METROPOLITAN CIR  
TALLAHASSEE FL 32308  
PD **SMITH, W L JR**  
1624-B METROPOLITAN CIR  
TALLAHASSEE FL 32308  
DT **CALHOUN, LYNDA E.**  
1624-A METROPOLITAN CIR  
TALLAHASSEE FL 32308  
DS **MITCHELL, ANDREA**  
1624-B METROPOLITAN CIR  
TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE: **D, S**  
4.2 NAME: **West, Andrea**  
4.3 STREET ADDRESS: **1624-B Metropolitan Circle**  
4.4 CITY - ST - ZIP: **Tallahassee, FL 32308**  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lynda E. Calhoun* **LYNDA E. CALHOUN** **7/8/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **7/8/96**  
Daytime Phone #

CR2E037 (12/95)