
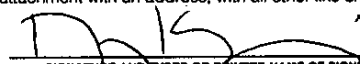


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90002 039 ****61.25

00021762

DOCUMENT # N16811					
1. Entity Name METROPOLITAN 5A CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1624 METROPOLITAN CIRCLE., STE B TALLAHASSEE, FL 32308			Mailing Address 1624 METROPOLITAN CIRCLE., STE B TALLAHASSEE, FL 32308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KRZYCKI, NANCY 1624 METROPOLITAN CIRCLE., STE B TALLAHASSEE, FL 32308				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVAN, LAURA A			NAME	
STREET ADDRESS	1624 METROPOLITAN CIRCLE., STE B			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, BRIAN K			NAME	Cherie Lee
STREET ADDRESS	1624 METROPOLITAN CIRCLE, STE A			STREET ADDRESS	1624 Metropolitan Circle, Ste A
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP	Tallahassee FL 32308
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JETT, ROBERT S JR			NAME	
STREET ADDRESS	1624 METROPOLITAN CIRCLE, STE A			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRZYCKI, NANCY			NAME	
STREET ADDRESS	1624 METROPOLITAN CIRCLE., STE B			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32308			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date: 7/5/06		Daytime Phone #: 850-386-3435	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					