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

4	2006	NU		PORT	OKAI	IUN

DOCUMENT # N16811  1. Entity Name METROPOLITAN 5A CONDOMINIUM ASSOCIATION, INC.  Principal Place of Business 1624 METROPOLITAN CIRCLE., STE 8  Mailing Address 1624 METROPOLITAN CIRCLE., STE 8  TALAMASSEE EL 22209						STE B		07-07-2006		9 ****61	
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Principal Place of Business     3. Mailing Add				Address							
Suite, Apt.	#, etc.	, , <del>.</del>	Suite	Suite, Apt. #, etc.			07052006	Chg-NP	CR2E03	7 (4/06)	
City & Stat	9		City 8	City & State			4. FEI Numbe 59-3187				plied For
Zip .		Country	Zip	Country			59-3187358   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional Fee Required				litional
	6. Name	and Address of Current I	Registered .	Agent			7. Name and	Address of New R			<u> </u>
				_ • • • • • • • • • • • • • • • • • • •		,Name					
KRZYCKI, 1624 MET TALLAHAS	ROPOLIT	AN CIRCLE., STE B				Street Address	(P.O. Box Numbe	r is Not Acceptable	)		
IALLAHA	JOEE, FL	32300									
•						City			FL	Zip Code	8
8. The above the obligate SIGNATURE.	ions of regist	ty submits this statement for tered agent. d or printed name of registered agent a	·	_		ad office or registe		h, in the State of Flo	orida. I am fa	miliar with,	and accept
Di	_	ne is \$61.25 ptember 6, 2006		9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees		ake check Ida Departr		
10.	ue by Ser		RECTORS	Trust Fund C	ontributi	on.	Added to Fees		ida Departr RS AND DIRE	nent of St CTORS IN	10
10.	VD Set	OFFICERS AND DIR	RECTORS		11.	on.	Added to Fees	Flor	ida Departr RS AND DIRE	nent of St	tate
10.	VD BEVAN, L	OFFICERS AND DIR		Trust Fund C	11.	on.	Added to Fees	Flor	ida Departr RS AND DIRE	nent of St CTORS IN	10
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06

950-386-3435 Daystree Proce #