

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16811

FILED  
May 21, 2008  
Secretary of State

Entity Name: METROPOLITAN 5A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1624 METROPOLITAN CIRCLE., STE B  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1624 METROPOLITAN CIRCLE., STE B  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 59-3187358      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KRZYCKI, NANCY  
1624 METROPOLITAN CIRCLE., STE B  
TALLAHASSEE, FL 32308      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD      ( ) Delete  
Name: BEVAN, LAURA A  
Address: 1624 METROPOLITAN CIRCLE., STE B  
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD      ( ) Delete  
Name: SAUCIER, LOUANN  
Address: 1624 METROPOLITAN CIR SUITE A  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD      ( ) Delete  
Name: SITTIG, WILLIAM  
Address: 1624 METROPOLITAN CIRCLE, STE A  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD      ( ) Delete  
Name: KRZYCKI, NANCY  
Address: 1624 METROPOLITAN CIRCLE., STE B  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NANCY KRZYCKI

TD

05/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date