

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 18, 2012
Secretary of State

DOCUMENT# N94000000445

Entity Name: METROCORP CENTER OF JACKSONVILLE OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8375 BAYMEADOWS WAY
JACKSONVILLE, FL 32256 US**New Principal Place of Business:**8298 BAYBERRY ROAD
SUITE1
JACKSONVILLE, FL 32256 US**Current Mailing Address:**8375 BAYMEADOWS WAY
JACKSONVILLE, FL 32256 US**New Mailing Address:**8298 BAYBERRY ROAD
SUITE1
JACKSONVILLE, FL 32256 US**FEI Number:** 59-3227858**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**REED, WAYNE
8375 BAYMEADOWS WAY
JACKSONVILLE, FL 32256 US**Name and Address of New Registered Agent:**REED, WAYNE
8298 BAYBERRY ROAD
SUITE 1
JACKSONVILLE, FL 32256 US

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: _____

10/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: REED, WAYNE
Address: 8298 BAYBERRY ROAD SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256

Title: DV
Name: ARRAY, SAMIR MD
Address: 8274 BAYBERRY ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: DS
Name: NEE, SHEILA
Address: 8367 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: WAYNE REED

P

10/18/2012

Electronic Signature of Signing Officer or Director

Date