

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000005160

1. Entity Name
METROPOLITAN CENTRE II OFFICE CONDOMINIUM,
INC.



Principal Place of Business
1695 METROPOLITAN CIRCLE
SUITE 6
TALLAHASSEE, FL 32308

Mailing Address
P.O. BOX 16005
TALLAHASSEE, FL 32317

FILED

05 APR 15 AM 8: 50

CLERK OF THE COURT
TALLAHASSEE, FLORIDA



04142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3634918

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DARIOTIS, TERRENCE T
1695 METROPOLITAN CIRCLE SUITE 6
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FERREN, ROBERT 1695 METROPOLITAN CIRCLE SUITE 7 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DARIOTIS, TERRENCE T 1695 METROPOLITAN CIRCLE SUITE 6 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV TYCHSEN, PETER S 1695 METROPOLITAN CIRCLE, STE 1 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BEAL, ARTHUR C JR 1695 METROPOLITAN CIRCLE, STE 5 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000054010880
05/06/05--01059--001 **\$61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Terrence T. Dariotis, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05

Date

850/523-9300

Daytime Phone #