

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

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



01182007 No Chg-NP CR2E037 (4/06)

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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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

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	

U00000730485
 05/08/07-80083-011 61.25

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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: Terrence T. Dariotis 4/24/07 (850) 593-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #