

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16811

**FILED**  
**Feb 03, 2016**  
**Secretary of State**  
**CC8680484572**

**Entity Name:** METROPOLITAN 5A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1624 METROPOLITAN CIRCLE., STE B  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1624 METROPOLITAN CIRCLE., STE B  
TALLAHASSEE, FL 32308

**FEI Number:** 59-3187358

**Certificate of Status Desired:** No

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

KRZYCKI, NANCY  
1624 METROPOLITAN CIRCLE., STE B  
TALLAHASSEE, FL 32308 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BEVAN, LAURA A  
Address 1624 METROPOLITAN CIRCLE., STE B  
City-State-Zip: TALLAHASSEE FL 32308

Title SD  
Name WARNER, LISA  
Address 1624 METROPOLITAN CIR SUITE A  
City-State-Zip: TALLAHASSEE FL 32308

Title VD  
Name WARNER, ANDY  
Address 1624 METROPOLITAN CIRCLE, STE A  
City-State-Zip: TALLAHASSEE FL 32308

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

*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:** NANCY KRZYCKI

**TREASURER**

**02/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date