


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90015 020 \*\*\*\*61.25

<b>DOCUMENT # N17836</b> 1. Entity Name <b>TANGERINE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7200 ALOMA AVE WINTER PARK, FL 32792 US</b>			Mailing Address <b>1412 PELICAN BAY TR. WINTER PARK, FL 32792 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2762833</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MAUSNER, ELLIOT A 1412 PELICAN BAY TR WINTER PARK, FL 32792</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	DIRECTOR AT LARGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUSNER, ELLIOT		NAME	COLEMAN, BRIAN	
STREET ADDRESS	1412 PELICAN BAY TR		STREET ADDRESS	7200 - D ALOMA AVE	
CITY - ST - ZIP	WINTER PARK, FL		CITY - ST - ZIP	WINTER PARK FL 32792	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	DIRECTOR AT LARGE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAUSNER, LARRY		NAME	DEES, JUDY	
STREET ADDRESS	7200-L ALOMA AVE.		STREET ADDRESS	258 Addison Dr.	
CITY - ST - ZIP	WINTER PARK, FL		CITY - ST - ZIP	POINCIANA FL 34759	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAUSNER, LISA		NAME		
STREET ADDRESS	1412 PELICAN BAY TR.		STREET ADDRESS		
CITY - ST - ZIP	WINTER PARK, FL		CITY - ST - ZIP		
TITLE	<del>DIRECTOR AT LARGE</del>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>BRIAN COLEMAN, BRIAN D.</del>		NAME		
STREET ADDRESS	<del>7200 - D ALOMA AVE</del>		STREET ADDRESS		
CITY - ST - ZIP	<del>WINTER PARK FL 32792</del>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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.					
<b>SIGNATURE:</b> <u>Elliot Mausner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/22/04 4076786448 <small>Date Daytime Phone #</small>		

54022231



03222004 Chg-NP CR2E037 (10/03)