

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766968

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** TOMAHAWK TERRACE CONDOMINIUMS, INC.

**Current Principal Place of Business:**

644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13089  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 59-2355278

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RHINEHART, ROBERT S  
644 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: ERDMANN, ERICKA  
Address: 607 S. ALBANY AVE., # 11  
City-St-Zip: TAMPA, FL 33606 US

Title: DP  
Name: WILMOT, JUSTIN  
Address: 305-A HAYDEN ROAD  
City-St-Zip: TALLAHASSEE, FL 32304 US

Title: DST  
Name: COOKE, FRANK  
Address: 4130 16TH STREET NORTH  
City-St-Zip: ST.PETERSBURG, FL 33703 US

Title: D  
Name: STONER, BOB  
Address: 11005 CINDERLAND PLACE  
City-St-Zip: TEMPLE TERRACE, FL 33617 US

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: ROBERT S. RHINEHART

RA

02/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date