

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001453

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**9309385340CC**

**Entity Name:** TURNAROUND MANAGEMENT ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

C/O LILIES LANWAY  
852 LIVE OAK TER NE  
ST. PETERSBURG, FL 33703

**Current Mailing Address:**

TURNAROUND MANAGEMEN ASSOC. OF FLORIDA  
PO BOX 1535  
ORLANDO, FL 32738 US

**FEI Number: 65-1089785**

**Certificate of Status Desired: No**

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

ROBERTS, ALLISON M  
TURNAROUND MANAGEMEN ASSOC. OF FLORIDA  
PO BOX 1535  
ORLANDO, FL 32802 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:** ALLISON M ROBERTS

04/29/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           VECKER, BARRY  
Address        PO BOX 1535  
City-State-Zip: ORLANDO FL 32802

Title           CHAIR  
Name           LANWAY, LILIES  
Address        TURNAROUND MANAGEMEN ASSOC.  
                  OF FLORIDA  
                  PO BOX 1535  
City-State-Zip: ORLANDO FL 32802

Title           PRESIDENT  
Name           WEINSTEIN, DAVID  
Address        TURNAROUND MANAGEMEN ASSOC.  
                  OF FLORIDA  
                  PO BOX 1535  
City-State-Zip: ORLANDO FL 32802

Title           DIRECTOR  
Name           YAGER, KEN  
Address        TURNAROUND MANAGEMEN ASSOC.  
                  OF FLORIDA  
                  PO BOX 1535  
City-State-Zip: ORLANDO FL 32802

Title           DIRECTOR  
Name           FUSSELL, MICHAEL  
Address        PO BOX 1535  
City-State-Zip: ORLANDO FL 32802

*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:** BARRY VECKER

**TREASURER**

04/29/2024

Electronic Signature of Signing Officer/Director Detail

Date