

**2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06724

**Entity Name:** WINDTREE PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 16, 2018**  
**Secretary of State**  
**CR1794289650**

**Current Principal Place of Business:**

13350 W COLONIAL DR  
SUITE 350  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

P. O. BOX 770088  
WINTER GARDEN, FL 34787 US

**FEI Number: 59-3417469**

**Certificate of Status Desired: Yes**

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

CRESSMAN, ESQ, MARK P  
13350 W COLONIAL DRIVE  
STE 350  
WINTER GARDEN, FL 34787 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:** MARK P CRESSMAN, ESQ

04/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CRESSMAN, MARK P  
Address PO BOX 770088  
City-State-Zip: WINTER GARDEN FL 34787

Title VP  
Name BELLO, LUIS  
Address PO BOX 770088  
City-State-Zip: WINTER GARDEN FL 34787

Title SECRETARY  
Name TRAWINSKI, NICK  
Address PO BOX 770088  
City-State-Zip: WINTER GARDEN FL 34787

Title TREASURER  
Name MOLFINO, JOSE  
Address P. O. BOX 770088  
City-State-Zip: WINTER GARDEN FL 34787

*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:** MARK P CRESSMAN

**REGISTERED AGENT**

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date