## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001453

Apr 30, 2012 Secretary of State

Entity Name: TURNAROUND MANAGEMENT ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

C/O MESIROW FINANCIAL 2 SOUTH BISCAYNE BOULEVARD

3000 LEGACY VILLAS DRIVE

MIAMI, FL 33131

MAITLAND, FL 32751

**Current Mailing Address:** 

New Mailing Address:

C/O TABITHA MOORE

TURNAROUND MANAGEMEN ASSOC. OF FLORIDA P.O. BOX 460939

P.O. BOX 3466

FORT LAUDERDALE, FL 33346 US

ORLANDO, FL 32802 US

FEI Number: 65-1089785

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TURNAROUND MANAGEMEN ASSOC. OF FLORIDA

SMITH, SUSAN

2 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131

MOORE, TABITHA 3000 LEGACY VILLAS DRIVE

MAITLAND, FL 32751

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: TABITHA J MOORE

04/30/2012

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

## **OFFICERS AND DIRECTORS:**

TOLEDO, MAX Name: Address: PO BOX 3466

City-St-Zip: ORLANDO, FL 32802 US

Title:

Name: SMITH, SUSAN Address: PO BOX 3466

City-St-Zip: ORLANDO, FL 32802 US

Title:

MOCK, FRANK Name: Address: PO BOX 3466

City-St-Zip: ORLANDO, FL 32802 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.

**PRES** SIGNATURE: MAX TOLEDO 04/30/2012