

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001144

FILED  
Jan 17, 2009  
Secretary of State

**Entity Name:** HIGHLAND LAKES MEDICAL CENTER PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

34041 US HWY 19 NORTH  
SUITE A  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

34041 US HWY 19 NORTH  
SUITE A  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

**FEI Number:** 73-1726495

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAUNK, JAWAHAR  
34041 US HWY 19 NORTH  
SUITE A  
PALM HARBOR, FL 34684 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: P ( ) Delete  
Name: TAUNK, JAWAHAR  
Address: 34041 US HWY 19 NORTH, SUITE A  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: VP ( ) Delete  
Name: KORNFELD, STEPHEN  
Address: 34041 US HWY 19 SUITE NORTH, SUITE A  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: S/T ( ) Delete  
Name: DRUCKER, JERRY  
Address: 34041 US HWY 19 NORTH, SUITE A  
City-St-Zip: PALM HARBOR, FL 34684 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAWAHAR TAUNK

P

01/17/2009

Electronic Signature of Signing Officer or Director

Date