

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 27, 2010
Secretary of State

DOCUMENT# N06000001490

Entity Name: TWIN LAKES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1475 W. CYPRESS CREEK RD., SUITE 202
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

1475 W. CYPRESS CREEK RD., SUITE 202
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 20-4393462 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLIFFORD I. HERTZ, P.A.
ONE N. CLEMATIS ST., SUITE 500
W. PALM BCH, FL 33401 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
Name: STEMMER, DR. CRAIG
Address: 1475 W. CYPRESS CREEK RD., SUITE 202
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: VP
Name: MOGELL, DR. KENNETH
Address: 1475 W. CYPRESS CREEK RD., SUITE 202
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: S/T
Name: IERNA, LYNN-ANN
Address: 1475 W. CYPRESS CREEK RD., SUITE 202
City-St-Zip: FT. LAUDERDALE, FL 33309

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: DR. CRAIG STEMMER

P

05/27/2010

Electronic Signature of Signing Officer or Director

Date