

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N08614**

**1. Entity Name**  
**TUSCAWILLA PROFESSIONAL PLAZA CONDOMINIUM**  
**ASSOCIATION, INC.**



**Principal Place of Business**  
**890 NORTHERN WAY**  
**STE D1**  
**WINTER SPRINGS, FL 32708 US**

**Mailing Address**  
**890 NORTHERN WAY**  
**STE D1**  
**WINTER SPRINGS, FL 32708 US**



01032008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-2636850	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**NOWAK, EDWARD**  
**890 NORTHERN WAY**  
**STE D1**  
**ORLANDO, FL 32708**

**DO NOT WRITE  
IN THIS SPACE**

**6. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**8. Election Campaign Financing**  
**Trust Fund Contribution.** ☐ **\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>VD</b>
<b>NAME</b>	<b>LANG, DR. JEFF</b>
<b>STREET ADDRESS</b>	<b>890 NORTHERN WAY</b>
<b>CITY-ST-ZIP</b>	<b>WINTER SPRINGS, FL</b>
<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>CARIONE, ANTHONY</b>
<b>STREET ADDRESS</b>	<b>376 FOREST PARK CIRCLE</b>
<b>CITY-ST-ZIP</b>	<b>LONGWOOD, FL</b>
<b>TITLE</b>	<b>STD</b>
<b>NAME</b>	<b>NOWAK, EDWARD</b>
<b>STREET ADDRESS</b>	<b>890 NORTHERN WAY</b>
<b>CITY-ST-ZIP</b>	<b>WINTER SPRINGS, FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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02/25/06-80007-011 61.25

**DO NOT WRITE  
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Edward Nowak **EDWARD NOWAK STD** **2-13-06** **365-1557**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #