2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State
04-19-2007 90210 033 ****61.25

DOCUMENT # N08614-

1. Entity Name

TUSCAWILLA PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
890 NORTHERN WAY STE D1 WINTER SPRINGS FL 32708 US	890 NORTHERN WAY STE D1 WINTER SPRINGS FL 32708 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
890 Northern Way	890 Northern Way
Suite, Apt. #, etc.: STE G	Suite, Apt. #, etc.: STE G
City & State: Winter Springs FL.	City & State: Winter Springs FL.
Zip: 32708 Country: USA	Zip: 32708 Country: USA

4. FEI Number: 59-2636850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOWAK, EDWARD 890 NORTHERN WAY STE D1 ORLANDO FL 32708	Name: Dr. Jeffrey Lang Street Address (P.O. Box Number is Not Acceptable): 890 Northern Way STE G City: Winter Springs FL Zip Code: 32708

8. 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: Jeffrey N. Lang Jeffrey N. Lang 4/9/07
Signature, typed or printed name of registered agent and title if applicable / Registered Agent (signature required when reinstating) / DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LANG, DR. JEFF 890 NORTHERN WAY WINTER SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANG, Dr. Jeffrey 890 Northern Way Winter Springs FL.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARIONE, ANTHONY 378 FOREST PARK CIRCLE LONGWOOD FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Payne, Charles T. 890 Northern Way Winter Springs, FL.	☐ Change ☒ Addition
~~TITLE~~ / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ NOWAK, EDWARD 890 NORTHERN WAY WINTER SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Eichstedt, Rebecca 890 Northern Way Winter Springs, FL.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeffrey N. Lang JEFFREY N. Lang PD 4/9/07 407-365-6691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #