

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08614

**FILED**  
**Mar 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

890 NORTHERN WAY  
SUITE G  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

890 NORTHERN WAY  
WINTER SPRINGS, FL 32708 US

**Current Mailing Address:**

890 NORTHERN WAY  
SUITE G  
WINTER SPRINGS, FL 32708 US

**New Mailing Address:**

890 NORTHERN WAY  
STE# G  
WINTER SPRINGS, FL 32708

**FEI Number:** 59-2636850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANG, JEFFREY N DR  
890 NORTHERN WAY  
SUITE G  
ORLANDO, FL 32708 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: PD  
Name: LANG, JEFFREY N DR  
Address: 890 NORTHERN WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD  
Name: PAYNE, CHARLES T  
Address: 890 NORTHERN WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD  
Name: EICHSTEADT, REBECCA  
Address: 890 NORTHERN WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

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 JEFFREY N LANG

PD

03/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date