

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08614

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

890 NORTHERN WAY  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

**Current Mailing Address:**

890 NORTHERN WAY  
STE# G  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**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: JEFFREY N. LANG

PD

04/25/2011

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

\_\_\_\_\_  
Date