

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N17836

1. Entity Name
**TANGERINE PROFESSIONAL CENTER CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**7200 ALOMA AVE
WINTER PARK, FL 32792 US**

Mailing Address
**1412 PELICAN BAY TR.
WINTER PARK, FL 32792 US**



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2762833	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAUSNER, ELLIOT A
1412 PELICAN BAY TR
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

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 N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MAUSNER, ELLIOT 1412 PELICAN BAY TR WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MAUSNER, LARRY 7200-L ALOMA AVE. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MAUSNER, LISA 1412 PELICAN BAY TR. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLEMAN, BRIAN 7200-D ALOMA AVE. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEES, JUDY 258 ADDISON DR. POINCIANA, FL 34759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000593039
01/22/07-80014-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Elliot Mausner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07 407-678-6448
Date Daytime Phone #