2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# N40413

Entity Name: RLPS PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% BOB C. GARFINKEL
195 BRIARCLIFF DR
LONGWOOD, FL 32779 US

New Principal Place of Business:

% C. WILLIAM D'AIUTO
195 BRIARCLIFF DR #111
LONGWOOD, FL 32779 US

Current Mailing Address:

% BOB C. GARFINKEL
195 BRIARCLIFF DR
LONGWOOD, FL 32779 US

New Mailing Address:

% C. WILLIAM D'AIUTO
195 BRIARCLIFF DR #111
LONGWOOD, FL 32779 US

FEI Number: 59-3033458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARFINKEL, BOB C
195 BRIARCLIFF DR.
UNIT 1
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

GARFINKEL, BOBBY C
195 BRIARCLIFF DR.
115
LONGWOOD, FL 32779 US

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: BOBBY GARFINKEL 03/12/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: D'AIUTO, CHARLES W
Address: 195 BRIARCLIFF DR.
City-St-Zip: LONGWOOD, FL 32779 US

Title: PD ( ) Delete
Name: BEATTIE, JEFFREY L
Address: 195 BRIARCLIFF DR
City-St-Zip: LONGWOOD, FL 32779 US

Title: TD ( ) Delete
Name: GARFINKEL, BOBBY C
Address: 195 BRIARCLIFF DR
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: C. WILLIAM D'AIUTO D 03/12/2009
Electronic Signature of Signing Officer or Director Date