

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40413

FILED
Feb 17, 2011
Secretary of State

Entity Name: RLPS PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% C. WILLIAM D'AIUTO
195 BRIAR CLIFF DR #101
LONGWOOD, FL 32779 US

New Principal Place of Business:

% C. WILLIAM D'AIUTO
195 BRIAR CLIFF DR #102
LONGWOOD, FL 32779 US

Current Mailing Address:

% C. WILLIAM D'AIUTO
195 BRIAR CLIFF DR #101
LONGWOOD, FL 32779 US

New Mailing Address:

% C. WILLIAM D'AIUTO
195 BRIAR CLIFF DR #102
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, BOBBY C
195 BRIAR CLIFF DR.
102
LONGWOOD, FL 32779 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: D
Name: D'AIUTO, CHARLES W
Address: 195 BRIAR CLIFF DR. #102
City-St-Zip: LONGWOOD, FL 32779 US

Title: PD
Name: BEATTIE, JEFFREY L
Address: 195 BRIAR CLIFF DR #101
City-St-Zip: LONGWOOD, FL 32779 US

Title: TD
Name: GARFINKEL, BOBBY C
Address: 195 BRIAR CLIFF DR #101
City-St-Zip: LONGWOOD, FL 32779 US

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: C WILLIAM D'AIUTO

D

02/17/2011

Electronic Signature of Signing Officer or Director

Date