

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03111

**Entity Name:** NORTHEAST PROFESSIONAL CENTRE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 23, 2013**  
**Secretary of State**  
**CC2543859625**

**Current Principal Place of Business:**

5001 4TH STREET NORTH  
SUITE A  
ST PETERSBURG, FL 33703

**Current Mailing Address:**

PO BOX 7990  
ST PETERSBURG, FL 33734

**FEI Number: 59-3533198**

**Certificate of Status Desired: No**

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

LANG & BROWN, P.A.  
5001 4TH STREET NORTH  
SUITE A  
ST PETERSBURG, FL 33703 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name TEDDER, JEFFREY L  
Address 5015 4TH STREET NORTH  
City-State-Zip: SAINT PETERSBURG FL 33703

Title VSD  
Name LANG, NICHOLAS F  
Address 5001 4TH STREET NORTH, SUITE A  
City-State-Zip: ST PETERSBURG FL 33703

Title D  
Name LANG, SARAH F  
Address 5001 4TH STREET NORTH, SUITE A  
City-State-Zip: ST. PETERSBURG FL 33703

*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: NICHOLAS F. LANG**

**VICE-PRESIDENT**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date