

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000009563

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC4532842591**

**Entity Name:** TPB PROFESSIONAL CENTER PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

838 HWY 466  
LADY LAKE, FL 32159

**Current Mailing Address:**

838 HWY 466  
LADY LAKE, FL 32159 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

HOWELL, ROBERT KENT  
838 HWY 466  
LADY LAKE, FL 32159 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 D  
Name HOWELL, ROBERT KENT  
Address 838 HWY 466  
City-State-Zip: LADY LAKE FL 32159

Title D  
Name HOWELL, GIMENA  
Address 838 HWY 466  
City-State-Zip: LADY LAKE FL 32159

Title D  
Name HOWELL, ROBERT EARL  
Address 10301 ELIJAH CIRCLE  
City-State-Zip: SOUTH JORDAN UT 84095

*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: ROBERT KENT HOWELL**

**MANAGER**

**01/10/2014**

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

\_\_\_\_\_  
Date