

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072885

Entity Name: CWI OF FLORIDA, INC.

FILED  
Apr 11, 2009  
Secretary of State

## Current Principal Place of Business:

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

## New Principal Place of Business:

## Current Mailing Address:

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

## New Mailing Address:

FEI Number: 59-3405500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HUDSON, HARRIS W  
Address: 110 SE 6TH ST, 28TH FL  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: P ( ) Delete  
Name: O'CONNOR, JAMES E  
Address: 110 SE 6TH ST, 28TH FL  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: S ( ) Delete  
Name: BARCLAY, DAVID A  
Address: 110 SE 6TH ST, 28TH FL  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T ( ) Delete  
Name: LANG, EDWARD A III  
Address: 110 SE 6TH ST, 28TH FL  
City-St-Zip: FORT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRED (X) Change ( ) Addition  
Name: SLAGER, DONALD W PREDIR  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

Title: VSEC (X) Change ( ) Addition  
Name: WHITE, JO LYNN VPSEC  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

Title: TRED (X) Change ( ) Addition  
Name: LANG III, EDWARD A TREDIR  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

Title: DIR (X) Change ( ) Addition  
Name: SERIANNI, CHARLES F DIR  
Address: 18500 NORTH ALLIED WAY  
City-St-Zip: PHOENIX, AZ 85054

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE LOUIS

POA

04/11/2009

Electronic Signature of Signing Officer or Director

Date