

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006961

**Entity Name:** PRIMROSE PROPERTIES, INC.**Current Principal Place of Business:**2733 S FERNCREEK AVE  
ORLANDO, FL 32806**Current Mailing Address:**2733 S FERNCREEK AVE  
ORLANDO, FL 32806**FEI Number:** 20-1425348**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MCCORMAC, WILLIAM T  
2733 S FERNCREEK AVE  
ORLANDO, FL 32806 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            PRESIDENT, DIRECTOR  
Name            NORTH, LESLIE  
Address        1738 WESTOVER RESERVE BLVD  
City-State-Zip: ORLANDO FL 34786

Title            SECRETARY, DIRECTOR  
Name            GILLETT, VICKI  
Address        524 WOODVIEW DRIVE  
City-State-Zip: LONGWOOD FL 32719

Title            MRS  
Name            CHONG, ANN  
Address        1316 PINAR DR  
City-State-Zip: ORLANDO FL 32825

Title            MR  
Name            SCHLOTMAN, ROBERT  
Address        2725 WALNUT ST  
City-State-Zip: ORLANDO FL 32806

Title            DIRECTOR  
Name            GALLOWAY, HELEN  
Address        618 ALBERTSON PL  
City-State-Zip: ORLANDO FL 32806

Title            CEO, DIRECTOR  
Name            MCCORMAC, WILLIAM  
Address        4222 PECAN LN  
City-State-Zip: ORLANDO FL 32812

Title            MR  
Name            MANCEBO, LINO  
Address        4532 BURK ST  
City-State-Zip: ORLANDO FL 32814

Title            DIRECTOR  
Name            KISER, JEFFREY  
Address        1609 HACKNEY AVE  
City-State-Zip: ORLANDO FL 32806

**Continues on page 2**

*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: WILLIAM MCCORMAC****CEO****01/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FRANCO, KARA  
Address 828 LAUREL AVE #1  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name SURRAN, PAMELA  
Address 7600 MAJORCA PL  
5060  
City-State-Zip: ORLANDO FL 32819

Title DIRECTOR  
Name ZENIEWICZ, PAUL T  
Address 611 N HYER AVE  
City-State-Zip: ORLANDO FL 32803