

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003603

Entity Name: CENTRAL FLORIDA REAL ESTATE ATTORNEYS COUNCIL, INC.**Current Principal Place of Business:**6545 CORPORATE CENTRE BLVD.
ORLANDO, FL 32822**Current Mailing Address:**P.O. BOX 784281
WINTER GARDEN, FL 34778 US**FEI Number:** 20-4679632**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, CHERYL TREAS.
6545 CORPORATE CENTRE BLVD.
ORLANDO, FL 32822 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 T
Name SMITH, CHERYL
Address 6923 LEE VISTA BOULEVARD, SUITE 100
City-State-Zip: ORLANDO FL 32822

Title PRESIDENT
Name PRETE, ERIN
Address 1601 W. COLONIAL DRIVE
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name ACOSTA, ROLAND
Address 1085 W MORSE BLVD. SUITE 210
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY
Name MESTDAGH, ALEX
Address 541 S. ORLANDO AVENUE SUITE 203
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name KHAN, NISHAD
Address 617 E. COLONIAL DRIVE S
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name HAQUE, SULTANA
Address 2699 LEE ROAD SUITE 120
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name GULATI, SARAH
Address 479 MONTGOMERY RD.
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title DIRECTOR
Name HIRANI, MEENA
Address 2265 LEE ROAD SUITE 109
City-State-Zip: WINTER PARK FL 32789

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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: CHERYL V SMITH**TREASURER****01/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name METKA, CHELSEA
Address 228 ANNIE STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name HARRINGTON, KRISTY
Address 1353 PALMETTO AVENUE
 SUITE 200
City-State-Zip: WINTER PARK FL 32789