

2015 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	D
Name	STOREY, EDWARD
Address	212 PASADENA PLACE, SUITE A
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	FISHER, ANDREW
Address	7635 ASHLEY PARK COURT SUITE 503-N
City-State-Zip:	ORLANDO FL 32835

Title	VP, MARKETING
Name	KHAN, NISHAD
Address	907 OUTER ROAD SUITE B
City-State-Zip:	ORLANDO FL 32814

Title	T
Name	SMITH, CHERYL
Address	6923 LEE VISTA BOULEVARD, SUITE 100
City-State-Zip:	ORLANDO FL 32822

Title	SECRETARY
Name	GLAVIN, GRACE A
Address	1340 TUSKAWILLA ROAD SUITE 106
City-State-Zip:	WINTER SPRINGS FL 32708

Title	PRESIDENT
Name	MALCHOW, JESSICA
Address	200 SOUTH ORANGE AVENUE SUITE 2300
City-State-Zip:	ORLANDO FL 32801

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****01/28/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date