

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011850

Entity Name: CENTRAL FLORIDA PARTNERSHIP, INC.**Current Principal Place of Business:**75 S. IVANHOE BLVD.
ORLANDO, FL 32804**Current Mailing Address:**75 S. IVANHOE BLVD.
ORLANDO, FL 32804**FEI Number: 33-1202266****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STUART, JACOB V
75 S. IVANHOE BLVD.
ORLANDO, FL 32804 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	JONASEN, JEFFERY Q
Address	P.O. BOX 4351
City-State-Zip:	ORLANDO FL 32802-4351

Title	D
Name	ENGFER, PATRICIA J
Address	9300 JEFF FUQUA BLVD.
City-State-Zip:	ORLANDO FL 32827

Title	TS
Name	FAGAN, SCOTT P
Address	75 S. IVANHOE BLVD.
City-State-Zip:	ORLANDO FL 32804

Title	D
Name	MARTINS, ALEX
Address	400 W. CHURCH STREET SUITE 250
City-State-Zip:	ORLANDO FL 32801

Title	P
Name	STUART, JACOB V
Address	880 BONITA DRIVE
City-State-Zip:	WINTER PARK FL 32789

Title	D
Name	GOROVITZ, AARON J
Address	215 NORTH EOLA DR.
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: SCOTT P. FAGAN**DIRECTOR****04/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date