

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000002566

**FILED**  
**Feb 11, 2015**  
**Secretary of State**  
**CC3387314582**

**Entity Name:** ORLANDO COMMUNITY CONSTRUCTION CORPORATION

**Current Principal Place of Business:**

C/O CITY OF ORLANDO  
400 S. ORANGE AVENUE, 3RD FLOOR  
ORLANDO, FL 32801

**Current Mailing Address:**

C/O CITY OF ORLANDO  
400 S. ORANGE AVENUE, 3RD FLOOR  
ORLANDO, FL 32801 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DOWNS, MAYANNE  
25 PINE STREET  
ORLANDO, FL 32801 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 MARTINS, ALEX  
Address 400 S. ORANGE AVE., 3RD FLOOR  
City-State-Zip: ORLANDO FL 32801

Title D  
Name MELLEEN, ROB  
Address 400 S. ORANGE AVE., 3RD FLOOR  
City-State-Zip: ORLANDO FL 32801

Title D  
Name BROOKS, BYRON  
Address 400 S. ORANGE AVE., 3RD FLOOR  
City-State-Zip: ORLANDO FL 32801

Title D  
Name PUGH, JIM  
Address 400 S. ORANGE AVE., 3RD FLOOR  
City-State-Zip: ORLANDO FL 32801

Title D  
Name LALCHANDANI, AJIT  
Address 400 S. ORANGE AVE., 3RD FLOOR  
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: ALEX MARTINS**

**DIRECTOR**

**02/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date