

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002682

**Entity Name:** CENTRAL FLORIDA FAMILY LAW INN, INC.

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC2336100805**

**Current Principal Place of Business:**

221 NE IVANHOE BLVD  
SUITE 200  
ORLANDO, FL 32804

**Current Mailing Address:**

221 NE IVANHOE BLVD  
SUITE 200  
ORLANDO, FL 32804 US

**FEI Number:** 47-1017104

**Certificate of Status Desired:** No

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

STAGGS, SUSAN  
221 NE IVANHOE BLVD  
SUITE 200  
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 DIRECTOR  
Name EVANS, ROBERT  
Address 618 E. SOUTH STREET  
SUITE 110  
City-State-Zip: ORLANDO FL 32801

Title SECRETARY  
Name WEBER, NANCY S  
Address 1217 MOUNT VERNON STREET  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name O'MARA, MARK L M  
Address 221 NE IVANHOE BLVD  
SUITE 200  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name CALDWELL-CARR, LORI  
Address 557 N. WYMORE RD  
SUITE 100  
City-State-Zip: MAITLAND FL 32751

Title OFFICER  
Name WINDLE, ANDREW  
Address 4767 NEW BROAD STREET  
City-State-Zip: ORLANDO FL 32814

Title TREASURER  
Name MARTELL, JOSHUA  
Address 221 NE IVANHOE BLVD  
SUITE 200  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name HENDERSON, DONALD  
Address 225 EAST ROBINSON  
SUITE 600  
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT  
Name PINDER-RODRIGUEZ, HEATHER HON  
Address 425 N. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

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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:** ANDREW WINDLE

**OFFICER**

**03/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ARENDAS, CHRISTINE  
Address 1516 E. COLONIAL DRIVE  
SUITE 200  
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR  
Name TRAVER, DAN HON  
Address 425 N ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name SIMON, JONATHAN  
Address 618 E. SOUTH STREET  
SUITE 110  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name HAMLIN, AMY  
Address 2180 PARK AVENUE NORTH  
BUILDING 100  
City-State-Zip: WINTER PARK FL 32789