

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002682

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

**FILED**  
**Apr 29, 2022**  
**Secretary of State**  
**7430903243CC**

**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 PAST PRESIDENT  
Name WINDLE, ANDREW  
Address 938 LAKE BALDWIN LANE  
City-State-Zip: ORLANDO FL 32814

Title TREASURER  
Name MARTELL, JOSHUA  
Address 37 N. ORANGE AVENUE  
SUITE 840  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name PERSIS, KAREN  
Address 1500 EAST ROBINSON  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name PULAYYA, JUNA M  
Address 1800 PEMBROOK DRIVE  
SUITE 300  
City-State-Zip: ORLANDO FL 32810

Title DIRECTOR  
Name TRUETT, LORNA  
Address 631 S. ORLANDO AVENUE  
SUITE 301  
City-State-Zip: WINTER PARK FL 32789

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

Title PRESIDENT  
Name TENNIS, DIANA HON  
Address 425 N. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title SECRETARY  
Name HALL, NATALIE D  
Address 4767 NEW BROAD STREET  
City-State-Zip: ORLANDO FL 32814

**Continues on page 2**

*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: NATALIE D HALL**

**SECRETARY**

**04/29/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CHIU, VINCENT S HON  
Address 425 N ORANGE AVE  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name LEACH, BARBARA HON  
Address 425 N. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name DANE, JENNIFER  
Address 201 MAITLAND AVE  
SUITE1011  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title DIRECTOR  
Name MADRIGAL, DIEGO III, HON  
Address 2 COURTHOUSE SQUARE  
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR  
Name SPRYSENSKI, CHRISTOPHER HON  
Address 301 N. PARK AVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name MOUSER, JR., CARSON  
Address 871 OUTER ROAD  
SUITE B  
City-State-Zip: ORLANDO FL 32814