

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002682

Entity Name: CENTRAL FLORIDA FAMILY LAW INN, INC.**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 SECRETARY
Name WEBER, NANCY S
Address 1217 MOUNT VERNON STREET
City-State-Zip: ORLANDO FL 32803

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

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

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

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

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

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

Title DIRECTOR
Name ARENDAS, CHRISTINE
Address 201 E. PINE STREET
SUITE 445
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

PRESIDENT

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SIMON, JONATHAN
Address 800 N. MAGNOLIA AVENUE
SUITE 1500
City-State-Zip: ORLANDO FL 32803

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

Title DIRECTOR
Name WILSON, TANYA DAVIS HON
Address 425 N ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801

Title OFFICER
Name LATIMORE, ALICIA L HON
Address 425 N. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801