## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005738

Entity Name: ORLANDO CURLING CLUB CORP.

**FILED** Apr 15, 2024 **Secretary of State** 7754657740CC

Date

## **Current Principal Place of Business:**

5690 JOHN ANDERSON HWY FLAGLER BEACH, FL 32136

## **Current Mailing Address:**

5690 JOHN ANDERSON HWY FLAGLER BEACH, FL 32136 US

FEI Number: 46-5587551 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

AROSE, EDWARD COLIN 5690 JOHN ANDERSON HWY FLAGLER BEACH, FL 32136 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: EDWARD AROSE 04/15/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title TREASURER/DIRECTOR Title DIRECTOR

AROSE, EDWARD Name Name CUOCO, JORDAN

5690 JOHN ANDERSON HWY Address Address 831 LOCH CALDER

UNIT 16 FLAGLER BEACH FL 32136 City-State-Zip:

City-State-Zip: APOPKA FL 32712

Title PRESIDENT, DIRECTOR Title DIRECTOR

Name WINDSOR, JIM Name MORRISON, BILL Address 233 YARMOUTH RD 815 BREVARD CT Address FERN PARK FL 32730

City-State-Zip: City-State-Zip: ORLANDO FL 32822

Title SECRETARY, DIRECTOR Title **DIRECTOR** 

Name HAUGH, TRAVIS Name WALCZYK, THOMAS Address 8736 LEELAND ARCHER BLVD Address 310 GOOSECREEK DR

ORLANDO FL 32836 City-State-Zip: City-State-Zip: WINTER SPRINGS FL 32708

Title DIRECTOR

MACCHIONE, JOHN Name

9529 NAUTIQUE LN Address

WINTER GARDEN FL 34787 City-State-Zip:

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.

04/15/2024 SIGNATURE: EDWARD AROSE TREASURER