

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005118

**Entity Name:** DARDEN DIMES, INC.

**Current Principal Place of Business:**

1000 DARDEN CENTER DR  
ORLANDO, FL 32837

**Current Mailing Address:**

1000 DARDEN CENTER DR  
ORLANDO, FL 32837

**FEI Number:** 59-3525641

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 KIERNAN, DANIEL  
Address 1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR  
Name CONNELLY, SUSAN M  
Address 1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

Title ASST. TREASURER  
Name SIMMONS, ANGELA M  
Address 1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR, PRESIDENT  
Name KING, SARAH H  
Address 1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR  
Name FARRELL, FALON  
Address 1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

Title DIRECTOR  
Name STOEWE, DAWN  
Address 1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

Title SECRETARY  
Name ISAIA, MONE L  
Address 1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

Title TREASURER  
Name BROPHY, SCOTT C  
Address 1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

**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:** ANGELA M SIMMONS

**ASSISTANT TREASURER 02/27/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            ROUSSEAU, MELISSA A  
Address        1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

Title            ASST. SECRETARY  
Name            LANGE, JESSICA P  
Address        1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837