

**2018 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: Yes**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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, TREASURER  
Name           CARDENAS, RICARDO  
Address        1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

Title           D  
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           SECRETARY  
Name           ISAIA, MONE  
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           ASST. SECRETARY  
Name           MORROW, ANTHONY G  
Address        1000 DARDEN CENTER DR  
City-State-Zip: ORLANDO FL 32837

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

*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    01/08/2018**

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

\_\_\_\_\_  
Date