

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 419203

**Entity Name:** CNL MANAGEMENT CORP.

**Current Principal Place of Business:**

450 S. ORANGE AVENUE  
ORLANDO, FL 32801

**Current Mailing Address:**

450 S. ORANGE AVENUE  
ORLANDO, FL 32801

**FEI Number:** 59-1680224

**Certificate of Status Desired:** No

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

SCARCELLI, LINDA A  
C/O CNL MANAGEMENT CORP.  
450 S. ORANGE AVE.  
ORLANDO, FL 32801 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           SENEFF, JAMES M JR.  
Address        450 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title           TREASURER  
Name           SCHMIDT, TRACY G  
Address        450 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title           ASVP  
Name           SCIMECA, MARK D  
Address        450 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title           S  
Name           SCARCELLI, LINDA A  
Address        450 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

Title           SVP  
Name           MADDRON, KEVIN R  
Address        450 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LINDA A. SCARCELLI

**SECRETARY**

**04/14/2016**

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

\_\_\_\_\_  
Date