

2014 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	DVP
Name	BOURNE, ROBERT A
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****04/02/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date