## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 677851** 

Entity Name: CNL FINANCIAL GROUP, INC.

**Current Principal Place of Business:** 

450 S. ORANGE AVENUE ORLANDO. FL 32801-3336

**Current Mailing Address:** 

P.O. BOX 4920

ORLANDO. FL 32802-4920

FEI Number: 59-2046903 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A 450 S. ORANGE AVENUE 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Apr 10, 2017

**Secretary of State** 

CC9516368789

Officer/Director Detail:

Title **DCEO** Title S

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

Title DEC Title DT

Name SENEFF, JAMES MJR SCHMIDT, TRACY G Name 450 S. ORANGE AVENUE Address Address 450 S. ORANGE AVENUE ORLANDO FL 32801 City-State-Zip: City-State-Zip: ORLANDO FL 32801

Title AS

GRAY, ERIN M Name

450 S. ORANGE AVENUE Address 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

Electronic Signature of Signing Officer/Director Detail

**SECRETARY** 

04/10/2017

Date