# 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072885

Entity Name: CWI OF FLORIDA, INC.

#### **Current Principal Place of Business:**

18500 NORTH ALLIED WAY PHOENIX, AZ 85054

### **Current Mailing Address:**

18500 NORTH ALLIED WAY PHOENIX, AZ 85054 US

# FEI Number: 59-3405500

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US CC8883477381

Certificate of Status Desired: No

FILED Apr 03, 2013

Secretary of State

Date

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

## Officer/Director Detail :

OmeenDire			
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, TREASURER
Name	BOUCHER, ROBERT	Name	LANG, III, EDWARD A.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title	DIRECTOR	Title	VP
Name	SERIANNI, CHARLES F.	Name	BALES, BRIAN A.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title	VP, ASSISTANT SECRETARY	Title	VP, ASSISTANT SECRETARY
Name	BENTER, TIM M.	Name	EGGLESTON, W. T. JR.
Address	18500 NORTH ALLIED WAY	Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054	City-State-Zip:	PHOENIX AZ 85054
Title	VP	Title	VP, ASSISTANT SECRETARY
Name	OLSON, JAMES H	Name	RISSMAN, MICHAEL P.
		Name Address	RISSMAN, MICHAEL P. 18500 NORTH ALLIED WAY
Name	OLSON, JAMES H 18500 NORTH ALLIED WAY		

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

#### SIGNATURE: EILEEN B SCHULER

SECRETARY

04/03/2013

Electronic Signature of Signing Officer/Director Detail

Date

#### **Officer/Director Detail Continued :**

Title	VP, ASSISTANT SECRETARY
Name	SWEET, ANDREW J
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054
Title	SECRETARY
Title Name	SECRETARY SCHULER, EILEEN B
	02011211111

Title	VP, TAX
Name	FOCAZIO, LAWRENCE
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054
Title	ASSISTANT TREASURER
Name	LACY, MARSHA A
Address	18500 NORTH ALLIED WAY
City-State-Zip:	PHOENIX AZ 85054