

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000967

Entity Name: CLP WATERWORLD TRS CORP.**Current Principal Place of Business:**450 S. ORANGE AVE
ORLANDO, FL 32801**Current Mailing Address:**P.O. BOX 4920
ORLANDO, FL 32802**FEI Number:** 20-8405660**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATTERSON, AMY J
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	AS
Name	PATTERSON, AMY J
Address	450 S. ORANGE AVE
City-State-Zip:	ORLANDO FL 32801

Title	DSVP
Name	JOHNSON, JOSEPH T
Address	450 S. ORANGE AVE
City-State-Zip:	ORLANDO FL 32801

Title	D
Name	FRIDLINGTON, JOHN L
Address	68 SO. SERVICE ROAD, SUITE 120
City-State-Zip:	MELVILLE FL 32801

Title	P
Name	MAULDIN, STEPHEN H
Address	450 S. ORANGE AVE
City-State-Zip:	ORLANDO FL 32801

Title	DSVP
Name	GREER, HOLLY
Address	450 S. ORANGE AVE
City-State-Zip:	ORLANDO FL 32801

Title	D
Name	DEANGELIS, DAVID V
Address	68 SO. SERVICE ROAD, SUITE 120
City-State-Zip:	MELVILLE 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: JOSEPH T. JOHNSON**TREASURER****03/31/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date