

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000112

FILED
Jan 27, 2012
Secretary of State

Entity Name: ARMA OF ORLANDO, INC.

Current Principal Place of Business:

6501 MAGIC WAY
BLDG 500 - RECORDS
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 568972
ORLANDO, FL 32856 72

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAROTH, CHARLOTTE
6501 MAGIC WAY
BLDG 500 - RECORDS
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: OLDEN, DEIRDRE
Address: 800 N MAGNOLIA AVE STE 1500
City-St-Zip: ORLANDO, FL 32803

Title: V
Name: LEFILS, BRYAN
Address: 1800 CYPRESS LAKE DR STE 200
City-St-Zip: ORLANDO, FL 32837

Title: D
Name: O'TOOLE, TIM
Address: 1900 HOTEL PLAZA BLVD
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: T
Name: MAROTH, CHARLOTTE
Address: 6501 MAGIC WAY, BUILDING 500
City-St-Zip: ORLANDO, FL 32809

Title: S
Name: OLDEN, DEIRDRE
Address: 800 N MAGNOLIA AVE STE 1500
City-St-Zip: ORLANDO, FL 32803

Title: D
Name: HUSTON, SHARON
Address: 450 EAST SOUTH STREET, 2ND FLOOR
City-St-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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLOTTE MAROTH

T

01/27/2012

Electronic Signature of Signing Officer or Director

Date