2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009385

FILED Feb 09, 2012 Secretary of State

Entity Name: CENTRAL FLORIDA NAIOP FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

219 EAST GRANT STREET 4219 WOODLYNNE LANE ORLANDO, FL 32806 US ORLANDO, FL 32812 US

Current Mailing Address: New Mailing Address:

PO BOX 560667

ORLANDO, FL 32856 US

FEI Number: 83-0505392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MONTELEONE, SHANNON L
219 EAST GRANT STREET
4219 WOODLYNNE LANE
111 N ORANGE AVE SUITE 1800
ORLANDO, FL 32806 US

MONTELEONE, SHANNON L
4219 WOODLYNNE LANE
ORLANDO, FL 32812 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: SHANNON MONTELEONE 02/09/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: SHEPPARD, ALAN
Address: 450 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801 US

Title: PE

Name: GARRITY, STEVE
Address: 201 S ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801 US

Title: VP

Name: HILL, CHRISTINE
Address: 1173 N ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32804 US

Title:

Name: JOHNSON, TODD Address: 4700 MILLENIA BLVD City-St-Zip: ORLANDO, FL 32839 US

Title:

 Name:
 TOMLINSON, JOHN

 Address:
 800 N MAGNOLIA AVENUE

 City-St-Zip:
 ORLANDO, FL 32803

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: ALAN SHEPPARD P 02/09/2012