

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2006  
Secretary of State**

DOCUMENT# N48876

Entity Name: CENTRAL FLORIDA DOWN SYNDROME ASSOCIATION, INC.

**Current Principal Place of Business:**

1137 EDGEWATER DR  
101  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

**Current Mailing Address:**

1137 EDGEWATER DR  
101  
ORLANDO, FL 32804 US

**New Mailing Address:**

FEI Number: 59-3124673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

VAN BERGEN, AMY  
1137 EDGEWATER DR  
101  
ORLANDO, FL 32804 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: ED      ( ) Delete  
Name: VAN BERGEN, AMY  
Address: 1137 EDGEWATER DR, SUITE 101  
City-St-Zip: ORLANDO, FL 32804

Title: D      ( ) Delete  
Name: ALLEN, MICHAEL D  
Address: 2003 LAKE HOWELL LANE  
City-St-Zip: MAITLAND, FL 32751

Title: TD      ( ) Delete  
Name: CALISE, LARRY  
Address: 2865 ALOMA LAKE RUN  
City-St-Zip: OVIEDO, FL 32765

Title: D      ( ) Delete  
Name: BYRNES, DAVID  
Address: 588 BRANTLEY TERRACE WAY #305  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D      ( ) Delete  
Name: BASILE, ROBIN  
Address: 2460 MCINTOSH WAY  
City-St-Zip: MAITLAND, FL 32751

Title: D      ( ) Delete  
Name: ARROYO, DAISY  
Address: 2177 SEAPORT CIRCLE  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AMY VAN BERGEN

ED

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date