

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48876

FILED
Jan 05, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA DOWN SYNDROME ASSOCIATION, INC.

Current Principal Place of Business:

204 NORTH WYMORE RD.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

204 NORTH WYMORE RD.
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-3124673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN BERGEN, AMY
204 NORTH WYMORE RD.
WINTER PARK, FL 32789 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
Name: VAN BERGEN, AMY
Address: 204 NORTH WYMORE RD.
City-St-Zip: WINTER PARK, FL 32789

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

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

Title: D
Name: LOGAN, SHERYL MD
Address: 118 VALENCIA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D
Name: MILNE, MICHAEL
Address: 201 S. ORANGE AVE SUITE 475
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: GRANATO, REBECCA
Address: 1137 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

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: AMY VAN BERGEN

ED

01/05/2011

Electronic Signature of Signing Officer or Director

Date