

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076887

FILED  
Mar 19, 2012  
Secretary of State

Entity Name: CNL DICKINSON, INC.

**Current Principal Place of Business:**

450 S. ORANGE AVE.  
ORLANDO, FL 328013336

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 328024920

**New Mailing Address:**

FEI Number: 20-1195674

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCARCELLI, LINDA A  
450 S. ORANGE AVE.  
ORLANDO, FL 328013336 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: DCCE  
Name: SENEFF, JAMES M JR.  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 328013336

Title: DP  
Name: BOURNE, ROBERT A  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 328013336

Title: AT  
Name: RAWLS, KAKI  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 328013336

Title: S  
Name: SCARCELLI, LINDA A  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 328013336

Title: AS  
Name: SCIMECA, MARK D  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 328013336

Title: T  
Name: SCHMIDT, TRACY G  
Address: 450 S. ORANGE AVE.  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDA A. SCARCELLI

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03/19/2012

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

\_\_\_\_\_  
Date