2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009484

Entity Name: CARILLON HOTEL AND SPA MASTER ASSOCIATION, INC.

FILED Apr 11, 2018 Secretary of State CC4090918044

Current Principal Place of Business:

2 CONWAY PARK 150 FIELD DR. SUITE 300 LAKE FOREST, IL 60045

Current Mailing Address:

C/O ATLANTIC & PACIFIC MANAGEMENT 6899 COLLINS AVENUE MIAMI BEACH, FL 33141 US

FEI Number: 26-1242663 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ATLANTIC PACIFIC MANAGEMENT **622 BANYAN TRAIL** SUITE 150 BOCA RATON, FL 33431 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: TOM SMITH 04/11/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR, SECRETARY Name WICKY, THOMAS Name AUERBACH, MARTIN Address 2 CONWAY PARK Address 2 CONWAY PARK 150 FIELD DR. SUITE 300 150 FIELD DR. SUITE 300

City-State-Zip: LAKE FOREST IL 60045 City-State-Zip: LAKE FOREST IL 60045

Title Title DIRECTOR, VP DIRECTOR, TREASURER Name SCRIVENS, ANDREI Name NATH, NEAL Address

2 CONWAY PARK Address 2 CONWAY PARK 150 FIELD DR. SUITE 300

150 FIELD DR. SUITE 300

City-State-Zip: LAKE FOREST IL 60045 City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR, PRESIDENT Title DIRECTOR Name MATTHEW, KANE Name LANDIS, DANIEL

Address 2 CONWAY PARK Address 3120 CANTERBURY DRIVE

150 FIELD DR. SUITE 300 **BOCA RATON FL 33434** City-State-Zip:

City-State-Zip: LAKE FOREST IL 60045

Title DIRECTOR Title DIRECTOR

DANNENBAUM, KARL Name Name LUFT. GEORGE 6899 COLLINS AVENUE Address

Address 6937 NW 110 WAY

UNIT 2404

City-State-Zip: MIAMI BEACH FL 33141 City-State-Zip: POMPANO BEACH FL 33076

04/11/2018 SIGNATURE: MATTHEW KANE **PRESIDENT**

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.