

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000012150

Entity Name: CRESCENT CENTRAL STATION CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**480 N ORANGE AVE
ORLANDO, FL 32801**Current Mailing Address:**10 STATE HOUSE SQUARE 15TH FLOOR
HARTFORD, CT 06103-3604**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name CURTIN, MARCIA N
Address 10 STATE HOUSE SQUARE, 15TH FLOOR
City-State-Zip: HARTFORD CT 06103-3604

Title S
Name MENDEZ, CONNIE
Address 480 N ORANGE AVE
City-State-Zip: ORLANDO FL 32801

Title D
Name REICHER, MARC
Address CHAMPIONGATE BLVD STE 104
City-State-Zip: CHAMPIONSGATE FL 33896

Title DVP
Name BERARDINELLI, JIM
Address 3340 PEACTREE ROAD NE STE 1560
City-State-Zip: ATLANTA GA 30362

Title DVP
Name COOMBES, JONATHAN
Address 10 STATE HOUSE SQUARE, 15TH FLOOR
City-State-Zip: HARTFORD CT 06103-3604

Title T
Name BRICE, MICHELE
Address 100 COLONIAL CENTER PKWY STE 170
City-State-Zip: LAKE MARY FL 32746

Title DP
Name CURRAN, JAY
Address 3340 PEACTREE ROAD NE STE 1560
City-State-Zip: ATLANTA GA 30362

Title S
Name MILLER, DAVID
Address 3340 PEACTREE ROAD NE STE 1560
City-State-Zip: ATLANTA GA 30362

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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: DAVID MILLER**SECRETARY****04/20/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title T
Name PIERCE, DARREN
Address 3340 PEACTREE ROAD NE STE 1560
City-State-Zip: ATLANTA GA 30362

Title D
Name REICHER, MARC
Address 8390 CHAMPIONGATE BLVD STE 1560
City-State-Zip: ATLANTA GA 30326