

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48876

Entity Name: CENTRAL FLORIDA DOWN SYNDROME ASSOCIATION, INC.**Current Principal Place of Business:**204 NORTH WYMORE RD.
WINTER PARK, FL 32789**Current Mailing Address:**204 NORTH WYMORE RD.
WINTER PARK, FL 32789 US**FEI Number:** 59-3124673**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVEY, CATHERINE ESQ.
341 N. MAITLAND AVENUE
SUITE 280
MAITLAND, FL 32751 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:** CATHERINE DAVEY, ESQ.

04/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name DAVEY, CATHERINE ESQ.
Address 204 NORTH WYMORE RD.
City-State-Zip: WINTER PARK FL 32789

Title CHAIRMAN
Name CULLEY, TROY
Address 204 NORTH WYMORE RD.
City-State-Zip: WINTER PARK FL 32789

Title SECRETARY
Name LEVINE, DIANE
Address 204 NORTH WYMORE RD.
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name RAPOLTI, RYAN
Address 204 NORTH WYMORE RD.
City-State-Zip: WINTER PARK FL 32789

Title EXECUTIVE DIRECTOR
Name BARNES, HEATHER JEAN
Address 204 N. WYMORE ROAD
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name LEWIS, PATRICIA
Address 204 NORTH WYMORE RD.
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name GOODMAN, JEFF
Address 204 NORTH WYMORE RD.
City-State-Zip: WINTER PARK FL 32789

Title TREASURER
Name SULTAN, ZAK
Address 204 NORTH WYMORE RD.
City-State-Zip: WINTER PARK FL 32789

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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: HEATHER BARNES

EXECUTIVE DIRECTOR

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCWHORTER, CATHERINE
Address 204 NORTH WYMORE RD.
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name STROMBECK, BEN
Address 204 NORTH WYMORE RD.
City-State-Zip: WINTER PARK FL 32789