

**2017 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:** Yes**Name and Address of Current Registered Agent:**CARMELLO, JANET  
204 NORTH WYMORE RD.  
WINTER PARK, FL 32789 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:** JANET CARMELLO

01/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ED/CEO  
Name CARMELLO, JANET MBA  
Address 204 NORTH WYMORE RD.  
City-State-Zip: WINTER PARK FL 32789

Title PRESIDENT  
Name ELIASON, MARYBETH  
Address 204 N WYMORE RD  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name HILL, KIERAN  
Address 204 N WYMORE RD  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name PICKETT, ADAM  
Address 204 N WYMORE RD  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name GORNTON, BRAD  
Address 204 N WYMORE RD  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name KOESTER, KRISTI  
Address 204 N WYMORE RD  
City-State-Zip: WINTER PARK FL 32789

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

Title DIRECTOR  
Name CYR, LYNN  
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:** JANET CARMELLO

ED/CEO

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

Title TREASURER  
Name DIMERCURIO, SEAN CPA  
Address 204 NORTH WYMORE RD.  
City-State-Zip: WINTER PARK FL 32789

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

Title DIRECTOR  
Name SCHWOB, EDDIE ESQ.  
Address 204 NORTH WYMORE RD.  
City-State-Zip: WINTER PARK FL 32789