

2016 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:**VAN BERGEN, AMY
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	ED
Name	VAN BERGEN, AMY
Address	204 NORTH WYMORE RD.
City-State-Zip:	WINTER PARK FL 32789

Title	DIRECTOR
Name	GAVIGAN, JOSEPH
Address	124 TANGELO CT
City-State-Zip:	MAITLAND FL 32751

Title	DIRECTOR
Name	CHANDLER, CHRISTOPHER
Address	128 DEER LAKE
City-State-Zip:	ORMOND BEACH FL 32178

Title	DIRECTOR
Name	HILL, KIERAN
Address	1938 TORREY LANE
City-State-Zip:	ORLANDO FL 32818

Title	TREASURER
Name	ABREU, PABLO
Address	2725 SILVER RUN TR
City-State-Zip:	ORLANDO FL 32828

Title	DIRECTOR
Name	WALSON, JAMES
Address	1023 GOLFVIEW ST
City-State-Zip:	ORLANDO FL 32804

Title	PRESIDENT
Name	ELIASON, MARYBETH
Address	630 W KING ST
City-State-Zip:	ORLANDO FL 32804

Title	VP
Name	PICKIETT, ADAM
Address	7213 HALTON COURT
City-State-Zip:	WINDERMERE FL 34786

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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: AMY VAN BERGEN

ED

02/01/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name GORNTON, BRAD
Address 24 HUNT MASTER CT
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name KOESTER, KRISTI
Address 5101 TUSCAN OAK
City-State-Zip: ORLANDO FL 32839