

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48876

FILED
Jan 21, 2015
Secretary of State
CC4943075222

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 TAYLOR, STACY
Address 2695 CYPRESS HEAD TRAIL
City-State-Zip: OVIEDO FL 32765

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

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

Title PRESIDENT
Name HAYES, RYAN
Address 561 COPLEY LANE
City-State-Zip: ORLANDO FL 32806

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

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

Title DIRECTOR
Name SANTONI, MARTHA
Address 13009 ROBERTS ISLAND RD
City-State-Zip: ORLANDO FL 32832

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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

EXEC DIRECTOR

01/21/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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