

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000047006

**FILED**  
**Mar 25, 2014**  
**Secretary of State**  
**CC1988969607**

**Entity Name:** CARR ORLANDO MANAGEMENT COMPANY, INC.

**Current Principal Place of Business:**

4426 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**Current Mailing Address:**

4426 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804

**FEI Number: 46-1964904**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R.JR.  
1000 LEGION PLACE SUITE 1700  
ORLANDO, FL 32801 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 CARR, RUSSELL T  
Address 4426 NORTH ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32804

Title DST  
Name CARR, INGA K  
Address 4426 NORTH ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32804

Title V  
Name MCCLASKY, GREGORY J  
Address 4426 NORTH ORANGE BLOSSOM TRAIL  
City-State-Zip: ORLANDO FL 32804

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GREGORY J. MCCLASKY**

**VICE PRESIDENT**

**03/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date