

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000072885

Entity Name: CWI OF FLORIDA, INC.

Current Principal Place of Business:

18500 NORTH ALLIED WAY
PHOENIX, AZ 85054

Current Mailing Address:

18500 NORTH ALLIED WAY
PHOENIX, AZ 85054 US

FEI Number: 59-3405500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name GOEBEL, BRIAN A.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title PRESIDENT
Name BOYER, ROBERT B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name SCHULER, EILEEN B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name WILHOIT, ADRIENNE W.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name NICKERSON, JOHN B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name THOMSON, JENNIFER L.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title VP
Name FOCAZIO, LAWRENCE D.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title SECRETARY
Name SCHULER, EILEEN B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

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

SIGNATURE: EILEEN B. SCHULER

SECRETARY

04/18/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name WILHOIT, ADRIENNE W.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title ASSISTANT SECRETARY
Name THOMSON, JENNIFER L.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title ASSISTANT SECRETARY
Name NICKERSON, JOHN B.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054

Title TREASURER
Name BOYD, CALVIN R.
Address 18500 NORTH ALLIED WAY
City-State-Zip: PHOENIX AZ 85054