

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000111328

**Entity Name:** CNL REAL ESTATE GROUP, INC.

**Current Principal Place of Business:**

450 S. ORANGE AVENUE  
ORLANDO, FL 32801-3336

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32802-4920

**FEI Number: 59-3618801**

**Certificate of Status Desired: No**

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

SCARCELLI, LINDA A  
450 S. ORANGE AVENUE  
ORLANDO, FL 32801-3336 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 ASVP  
Name GRAY, ERIN M  
Address 450 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801-3336

Title ATVP  
Name TIPTON, TAMMY  
Address 450 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801-3336

Title T  
Name SCHMIDT, TRACY G  
Address 450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801-3336

Title S  
Name SCARCELLI, LINDA A  
Address 450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801-3336

Title DCEO  
Name SITTEMA, THOMAS K  
Address 450 S. ORANGE AVE.  
City-State-Zip: ORLANDO FL 32801-3336

Title DC  
Name SENEFF, JAMES MJR  
Address 450 S. ORANGE AVENUE  
City-State-Zip: ORLANDO FL 32801

*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: ERIN M. GRAY**

**VICE PRESIDENT**

**04/17/2015**

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

\_\_\_\_\_  
Date