## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0400005609

Entity Name: CLP BENEFICIARY WHISTLER CORP.

**Current Principal Place of Business:** 

450 S. ORANGE AVENUE ORLANDO. FL 32801-3336

**Current Mailing Address:** 

PO BOX 4920

ORLANDO, FL 32802

FEI Number: 84-1658604 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

FILED Mar 24, 2017

**Secretary of State** 

CC3325106404

Officer/Director Detail:

Title SSVP Title D

Name GREER, HOLLY J Name GREER, HOLLY J

Address 450 S. ORANGE AVENUE Address 450 S. ORANGE AVENUE

City-State-Zip: ORLANDO FL 32801-3336 City-State-Zip: ORLANDO FL 32801-3336

Title SVP Title PD

NameSTARR, JOHN FNameMAULDIN, STEPHEN HAddress450 S. ORANGE AVENUEAddress450 S. ORANGE AVENUECity-State-Zip:ORLANDO FL 32801-3336City-State-Zip:ORLANDO FL 32801-3336

Title DSVPT.

Name TIPTON, TAMMY

Address 450 S. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801-3336

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: HOLLY J. GREER

Electronic Signature of Signing Officer/Director Detail

SR. VICE PRESIDENT

03/24/2017

Date