

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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Apr 06, 2015
Secretary of State
CC6918262513

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

Officer/Director Detail :

Title SSV
Name GREER, HOLLY J
Address 450 S. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801-3336

Title D
Name GREER, HOLLY J
Address 450 S. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801-3336

Title SVP
Name STARR, JOHN F
Address 450 S. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801-3336

Title T
Name JOHNSON, JOSEPH T
Address 450 S. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801-3336

Title PD
Name MAULDIN, STEPHEN H
Address 450 S. ORANGE AVENUE
City-State-Zip: ORLANDO FL 32801-3336

Title DSVP
Name JOHNSON, JOSEPH T
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

SR. VICE PRESIDENT

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date