

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003980

Entity Name: CLP SKI TRS CORP.**Current Principal Place of Business:**450 S. ORANGE AVENUE
ORLANDO, FL 32801**Current Mailing Address:**PO BOX 4920
ORLANDO, FL 32802**FEI Number:** 26-0582647**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATTERSON, AMY J
450 S. ORANGE AVENUE
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	AS
Name	PATTERSON, AMY J
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32802

Title	DSVP, SECRETARY
Name	GREER, HOLLY
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32802

Title	SVP
Name	RICE, STEPHEN K.
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32801

Title	P, DIRECTOR
Name	MAULDIN, STEPHEN H
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32802

Title	DSVP, TREASURER
Name	JOHNSON, JOSEPH T
Address	450 S. ORANGE AVENUE
City-State-Zip:	ORLANDO FL 32802

Title	SVP
Name	STARR, JOHN F.
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: JOSEPH T. JOHNSON**TREASURER****03/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date