


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90047 036 ****61.25

DOCUMENT # 721791 1. Entity Name LEUCADENDRA RECREATIONAL & IMPROVEMENT ASSOCIATION, INC.			
Principal Place of Business 135 LEUCADENDRA DRIVE CORAL GABLES FL 33156		Mailing Address 135 LEUCADENDRA DRIVE CORAL GABLES FL 33156	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent BALZEBRE, DOROTHY 135 LEUCADENDRA DRIVE CORAL GABLES FL 33156		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BALZEBRE, ANTHONY F 135 LEUCADENDRA DR. CORAL GABLES FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD WINSLOW, OLIVER 145 LEUCADENDRA DR. CORAL GABLES FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E037 (10/06)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy Balzebre 1/19/07 305-661-6922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #