

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 769417

(7)

1. Corporation Name

FRIENDS OF LEU GARDENS, INC.

95 FEB 20 AM 11:20

Principal Place of Business

Mailing Address

% ROBERT E. BOWDEN
1730 N. FOREST AVENUE
ORLANDO FL 32803-1903

% ROBERT E. BOWDEN
1730 N. FOREST AVENUE
ORLANDO FL 32803-1903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/15/1983

3a. Date of Last Report
08/24/1994

4. FEI Number
59-2319239

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 % Robert E. Bowden

26 % Robert E. Bowden

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 City & State

28 City & State

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOWDEN, ROBERT E.
LEU GARDENS
1730 N. FOREST AVENUE
ORLANDO FL 32803

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LAUTERIA, LOUIS
STREET ADDRESS 612 E. COLONIAL DR. SUITE 350
CITY-ST-ZIP ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE STD
NAME PAWLKOWSKI, MARTIN
STREET ADDRESS 200 E. ROBINSON ST. SUITE 1560
CITY-ST-ZIP ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME PITTENGER, ELIZABETH
STREET ADDRESS P.O. BOX 417 NA
CITY-ST-ZIP WINTER PARK FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME YORK, JEFFREY
STREET ADDRESS 545 DELANEY AVE.
CITY-ST-ZIP ORLANDO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ZAUNER, JULIA
STREET ADDRESS 5434 SAGO PALM CT.
CITY-ST-ZIP ORLANDO FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CARR, EDWARD
STREET ADDRESS 32 W. GORE ST.
CITY-ST-ZIP ORLANDO FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 a partner or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edward Carr
Typed or printed name of signing officer or director

2-4-95

2-4-95

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