

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 769417 (7)

1. Corporation Name

FRIENDS OF LEU GARDENS, INC.



Principal Place of Business

Mailing Address

C/O ROBERT E. BOWDEN
1730 N. FOREST AVENUE
ORLANDO FL 32803-1903
US

C/O ROBERT E. BOWDEN
1730 N. FOREST AVENUE
ORLANDO FL 32803-1903
US

3. Date Incorporated or Qualified
07/15/1983

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21 26 1720 N. FOREST AVE

4. FEI Number

59-2319239

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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)

1920 North Forest Ave

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and for application

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ 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 119.07(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 the receiver 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 or Block 14 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAIRMAN

Date

Day/Time Phone #

CR2E037 (12/95)