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Jun 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra K. 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  
1920 N. FOREST AVE.  
ORLANDO FL 32803-1537  
US

1920 NORTH FOREST AVENUE  
1730 N. FOREST AVENUE  
ORLANDO FL 32803-1537  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30 32803 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/15/1983

4. FEI Number

59-2319239

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

BOWDEN, ROBERT E.  
1920 NORTH FOREST AVENUE  
~~1730 N. FOREST AVENUE~~  
ORLANDO FL 32803

81 Name Boudon, Robert E

82 Street Address (P.O. Box Number is Not Acceptable)  
1920 N. Forest Ave

83

84 City ORLANDO FL 85 Zip Code 32803

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE D  
NAME FORD, ROBERT C  
STREET ADDRESS P.O. BOX 161400 N/A  
CITY-ST-ZIP ORLANDO FL

TITLE D  
NAME JONES, FREDERICK  
STREET ADDRESS P.O. BOX 536815 N/A  
CITY-ST-ZIP ORLANDO FL

TITLE D  
NAME PRINE, NANCY  
STREET ADDRESS P.O. BOX 536815 N/A  
CITY-ST-ZIP ORLANDO FL

TITLE D  
NAME BROWN, BRANDON  
STREET ADDRESS 2611 CORRINE DR.  
CITY-ST-ZIP ORLANDO FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CRAIG ADAMS VICE CHAIRMAN  
1.2 NAME  
1.3 STREET ADDRESS 3930 Southpointe Dr. #218  
1.4 CITY-ST-ZIP ORLANDO, FL 32822

2.1 TITLE D  
2.2 NAME Bethany Molt  
2.3 STREET ADDRESS P.O. Box 65 N/A  
2.4 CITY-ST-ZIP Gotha, FL 34734

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

4/9/98 407/246-2620

CR2E037 (10/97)