

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 769417**

1. Corporation Name

FRIENDS OF LEU GARDENS, INC.

Principal Place of Busine	S
C/O ROBERT E. BOWDER	١
1920 N. FOREST AVE.	
ORLANDO FL 32803-1537	
us	

Mailing Address

1920 NORTH FOREST AVENUE ORLANDO FL 32803

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90028 044 ****61.25

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Sulte, Apt. #, etc. Sulte, Apt. #, etc.	Principal Place of Business						3. Date Incorporated 07/15/1983	d or Qualifed		
Security	21 26							, I IAn	died For	
City & State								<u> </u>		
Second Content Seco	22						39 20 19209			
25							5. Čertifcate of Statu	us Desired 🔲 🗀		
28		Country	Zip	Cou	intry		6. Election Campaig	n Financing		
BOWDEN, ROBERT E. 1920 NORTH FOREST AVENUE ORLANDO FL 32803 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the displacement agent, and accept the obligations of, Section 617.6503, Florida Statutes, see a composition of directors. I hereby accept the appointment as registered agent. I am familiar with, national accept the obligations of, Section 617.6503, Florida Statutes. SIGNATURE Signature, speed or prince name or registered agent agent agent agent agent agent agent agent. I am familiar with, national accept the obligations of, Section 617.6503, Florida Statutes. SIGNATURE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WME 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 WME 13 STREET ADDRESS ORLANDO FL 32822 14 City 51.29 Change Addition ADAMS, CRAIG 3303 SOUTHPOINTE DR. #218 ORLANDO FL 32822 15 ITILE D 16 DELETE 17 ITILE D 17 DELETE 18 D 18 TITLE D 19 DELETE 19 D 10 DELETE 19	24	25	29	30			Trust Fund Contri	ibution	Added to	Fees
BOWDEN, ROBERT E. 1920 NORTH FOREST AVENUE ORLANDO FL 32803 82 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617 (5002 and 617 1508; Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, a minimizar with, and accept the obligations of, Section 617 (503, Florida Statutes, agent, a minimizar with, and accept the obligations of, Section 617 (503, Florida Statutes, agent, a minimizar with, and accept the obligations of, Section 617 (503, Florida Statutes). SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. CITY-ST.2P CITY ST.2P CI		9. Name and Address of Currer	nt Registered Agent				10. Name and Addre	ess of New Registere	d Agent	
1920 NORTH FOREST AVENUE ORLANDO FL 32803 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 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 10. OFFICERS AND DIRECTORS 11. TIME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TIME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME ADAMS, CRAIG 13. STREET ADDRESS 14. TIME 15. STREET ADDRESS 15. STREET ADDRESS 16. STREET ADDRESS 17. ST.2P					81	Name		,	•	
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11. Pursuant to the provisions of Sections 617 0502 and 617 1500. 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 exposintment as registered. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE VC OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. SIGNATURE OFFICERS AND DIRECTORS IN 12. TITLE VC OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. SIGNATURE OFFICERS AND DIRECTORS IN 12. TITLE VC OFFICERS AND DIRECTORS IN 12. SIRECTADORESS ORLANDO FL 32822 SIRECTADORESS ORLANDO FL 32822 SIRECTADORESS ORLANDO FL 32832 CITY-ST-ZP OR DORS ASSASS N/A ORLANDO FL 22. AUGHLANDO FL 22. AUGHLA	OUDGANDO	FL 32003			Ш		<u>,</u>			
T1. 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, 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, 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, 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, or both, in the State of Polician Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered. ### CITY of CI	}				84	City		· F	85 ZID C	ode
office or registered agent, or both, in the State of Holidas, Such change was publicated by agent, and accept the obligations of, Section 617.0503, Florida Statuties. SIGNATURE 12	dd D	to the assuming of Costions E17 050	12 and 617 1508 Florida Stat	tutes the a	hove	-named c	organian submits this state	amont for the purpose	of changing its	registered
SIGNATURE Signature, typed or promed name of regulatore depend and the f applicable. (MOTE Registered Agent signature required when relabiliting) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VC NAME ADAMS, CRAIG 3830 SOUTH/POINTE DR. #218 3830 SOUTH/POINTE DR. #218 CITY-ST-ZIP ORLANDO FL 32822 1A CITY-ST-ZIP ORLANDO FL 32822 1A CITY-ST-ZIP ORLANDO FL 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS GOTHA FL 34734 24 CITY-ST-ZIP ORLANDO FL TITLE D ORLANDO FL 31 TITLE D ORLANDO FL 32 NAME 33 STREET ADDRESS ORTIV-ST-ZIP ORLANDO FL 42 NAME 43 STREET ADDRESS ORTIV-ST-ZIP ORLANDO FL TITLE D ORLANDO FL 44 CITY-ST-ZIP ORLANDO FL TITLE D ORLANDO FL	l office or r	ecietored agent or both in the State	of Fiorida, Such change was	autnonzeo	טע נו	uie condo	ation's board of directors.	hereby accept the app	pointment as req	gistered.
2	agent. I a	m familiar with, and accept the obliga	itions of, Section 617.0503, F	Florida Stat	utes.	ı		*		
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TITLE D DELETE 3.1 TITLE 3.2 NAME NAME JONES, FREDERICK STREET ADDRESS P.O. BOX 536815 N/A ORLANDO FL 3.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 3.4 CITY-ST-ZIP TITLE D D DELETE 4.1 TITLE VICE Chairman Change Addition NAME PRINE, NANCY STREET ADDRESS P.O. BOX 536815 N/A ORLANDO FL 4.2 NAME TITLE C D DELETE 5.1 TITLE DIRECTORY TITLE C DELETE 5.1 TITLE DIRECTORY STREET ADDRESS 2611 CORRINE DR. STREET ADDRESS 2611 CORRINE DR. ORLANDO FL 5.3 STREET ADDRESS CITY-ST-ZIP TITLE D ORLANDO FL 5.4 CITY-ST-ZIP TITLE D ORLANDO FL 5.3 STREET ADDRESS STREET ADDRES		l ·		1						
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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, with all other like empowered.

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