

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90040 032 ****70.00

DOCUMENT # 769417



1. Entity Name
FRIENDS OF LEU GARDENS, INC.

Principal Place of Business
**C/O ROBERT E. BOWDEN
1920 N. FOREST AVE.
ORLANDO, FL 32803-1537 US**

Mailing Address
**1920 N. FOREST AVE.
ORLANDO, FL 32803 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2319239

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWDEN, ROBERT E.
1920 NORTH FOREST AVENUE
ORLANDO, FL 32803**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **DUROSE, NANCY**
STREET ADDRESS **7421 SOMERSET SHORES CT**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **VC** ☐ Delete
NAME **KELLY, CARL JR**
STREET ADDRESS **4465 GABRIELLA LANE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☐ Delete
NAME **WARLOW, CARLA**
STREET ADDRESS **306 EAST HARWOOD ST**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Delete
NAME **SEILER, CYNTHIA H**
STREET ADDRESS **420 WESTMINSTER ST.**
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **VC** ☐ Delete
NAME **BRADLEY, SHIRLEY**
STREET ADDRESS **2127 MONTE CARLO TRAIL**
CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **D** ☐ Delete
NAME **MURRAY, RAMON**
STREET ADDRESS **942 FREMONT AVE.**
CITY-ST-ZIP **WINTER PARK, FL 32789**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Chair** ☒ Change ☐ Addition
NAME **Kelly, Carl Jr.**
STREET ADDRESS **4465 Gabriella Lane**
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **D** ☒ Change ☐ Addition
NAME **Warlow, Carla**
STREET ADDRESS **313 Columbo Circle**
CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Bradley, Shirley**
STREET ADDRESS **2127 Monte Carlo Trail**
CITY-ST-ZIP **Orlando, FL 32805**

TITLE **Vice Chair** ☒ Change ☐ Addition
NAME **Murray, Ramon**
STREET ADDRESS **942 Fremont Ave.**
CITY-ST-ZIP **Winter Park, FL 32789**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BOWDEN

Date

Daytime Phone #

**407
2-4-05 246-2025**