

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706669

Entity Name: FLEUR-DE-LIS, INC.

Current Principal Place of Business:

#1 NO. GOLFVIEW RD
LAKE WORTH, FL 33460

Current Mailing Address:

#1 NO. GOLFVIEW RD
LAKE WORTH, FL 33460

FEI Number: 59-1003399

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WADDEN, MICHAEL
1 NORTH GOLFVIEW RD
APT 603
LAKE WORTH, FL 33460 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TR
Name WADDEN, MICHAEL
Address 1 NORTH GOLFVIEW RD
603
City-State-Zip: LAKE WORTH FL 33460

Title VP
Name ALMASSY, ROBERT
Address 1 N GOLFVIEW, APT 302
City-State-Zip: LAKE WORTH FL 33460

Title OFFICER
Name GUYER, ROBERT ESQ.
Address 1 N GOLFVIEW RD
402
City-State-Zip: LAKE WORTH FL 33460

Title SD
Name GILLIGAN, BARBARA
Address 1 N GOLFVIEW #704
City-State-Zip: LAKE WORTH FL 33460

Title P
Name GILLIGAN, THOMAS
Address 1 N GOLFVIEW RD, APT 704
City-State-Zip: LAKE WORTH FL 33460

Title OFFICER
Name CORBETT, JEFFERY
Address 1 N GOLFVIEW RD
401
City-State-Zip: LAKE WORTH FL 33460

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL F WADDEN

TREASURER

04/28/2015

Electronic Signature of Signing Officer/Director Detail

Date