

**2021 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 US**FEI Number:** 59-1003399**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WADDEN, MICHAEL  
1 N 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:** MICHAEL WADDEN

04/16/2021

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	DIRECTOR
Name	HENNING, KELLY
Address	1 N GOLFVIEW RD 502
City-State-Zip:	LAKE WORTH FL 33460

Title	GOVERNOR
Name	JOE, SALIMENO
Address	1 N GOLFVIEW RD 503
City-State-Zip:	LAKW 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	KAZEL, SUE
Address	1 N GOLFVIEW RD 402
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**

04/16/2021

Electronic Signature of Signing Officer/Director Detail

Date