

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721791

**FILED**  
**Jan 18, 2018**  
**Secretary of State**  
**CC7644695378**

**Entity Name:** LEUCADENDRA RECREATIONAL & IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

199 LEUCADENDRA DRIVE  
CORAL GABLES, FL 33156

**Current Mailing Address:**

P.O. BOX 144723  
CORAL GABLES, FL 33114

**FEI Number: 74-3246265**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNITED STATES REGISTERED AGENTS, INC.  
420 S DIXIE HIGHWAY  
4B  
CORAL GABLES, FL 33146 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: JL HOFMANN**

**01/18/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            ROSS, AUDREY H  
Address        120 LEUCADENDRA DRIVE  
City-State-Zip: CORAL GABLES FL 33156

Title            TREASURER  
Name            KELLY, BARBARA  
Address        640 ARVIDA PARKWAY  
City-State-Zip: CORAL GABLES FL 33156

Title            PRESIDENT  
Name            MEDINA, MANUEL  
Address        555 ARVIDA PARKWAY  
City-State-Zip: CORAL GABLES FL 33156

Title            VP  
Name            BARED, JOSE  
Address        9025 ARVIDA DRIVE  
City-State-Zip: CORAL GABLES FL 33156

*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: AUDREY ROSS**

**SECRETARY**

**01/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date