

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721791

**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: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SMITH, KIMBERLY K  
570 ARVIDA PARKWAY  
CORAL GABLES, FL 33156 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 V  
Name ROSS, AUDREY H  
Address 120 LEUCADENDRA DRIVE  
City-State-Zip: CORAL GABLES FL 33156

Title PRESIDENT  
Name KELLY, BARBARA  
Address 640 ARVIDA PARKWAY  
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

VICE PRESIDENT

01/20/2015

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date