

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721791

Entity Name: LEUCADENDRA RECREATIONAL & IMPROVEMENT ASSOCIATION, INC.

**FILED
Mar 03, 2017
Secretary of State
CC3809438802**

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

03/03/2017

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 H ROSS

SECRETARY

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date