

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 721791

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

**FILED**  
**Apr 03, 2019**  
**Secretary of State**  
**7198475416CC**

**Current Principal Place of Business:**

199 LEUCADENDRA DRIVE  
CORAL GABLES, FL 33156

**Current Mailing Address:**

P.O. BOX 144723  
CORAL GABLES, FL 33114 US

**FEI Number: 74-3246265**

**Certificate of Status Desired: No**

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

UNITED STATES REGISTERED AGENTS, INC.  
9300 S. DADELAND BLVD,SUITE 600  
MIAMI, 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: JL HOFMANN

04/03/2019

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

Title DIRECTOR  
Name SULLIVAN, JOHN S  
Address 160 LEUCADENDRA 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

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date