## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 769417** 

Entity Name: FRIENDS OF LEU GARDENS, INC.

Entity Name: FRIENDS OF LEU GARDENS, INC

**Current Principal Place of Business:** 

C/O ROBERT E. BOWDEN 1920 N. FOREST AVE. ORLANDO, FL 32803-1537

## **Current Mailing Address:**

C/O ROBERT E. BOWDEN 1920 N. FOREST AVE. ORLANDO, FL 32803-1537 US

FEI Number: 59-2319239 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

BOWDEN, ROBERT E. 1920 NORTH FOREST AVENUE ORLANDO, FL 32803 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

FILED Jan 21, 2015

**Secretary of State** 

CC2270919545

## Officer/Director Detail:

Title CHAIR Title DL

Name FOSTER, BRIAN Name HOOD, JAY

Address 482 SOUTH KELLER ROAD Address 11114 CRESCENT BAY BLVD.

City-State-Zip: ORLANDO FL 32810 City-State-Zip: CLERMONT FL 34711

Title VC Title DL

Name SANCHEZ DE FUENTES, ALBERTO Name FRANCOS, MICHELLE

Address 3714 WYLDEWOODE LANE Address 400 E. COLONIAL DR. # 910

City-State-Zip: ORLANDO FL 32806 City-State-Zip: ORLANDO FL 32803

Title DL Title DL

NameFARRIS, PHILIPNameANDERSON-FRANCIS, LORELEIAddress2012 VIRGINIA DRAddress809 PINE MEADOWS ROAD

City-State-Zip: ORLANDO FL 32803 City-State-Zip: ORLANDO FL 32825

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.

Electronic Signature of Signing Officer/Director Detail