

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000006536

**Entity Name:** FRIENDS OF THE LEGACY TRAIL, INC.

**Current Principal Place of Business:**

17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

PO BOX 792  
OSPREY, FL 34229 US

**FEI Number: 81-3060109**

**Certificate of Status Desired: Yes**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: ANDREA SEAGER**

**01/26/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name NORMAND, ROGER  
Address PO BOX 792  
City-State-Zip: OSPREY FL 34229

Title TREASURER  
Name STANLEY, MICHELLE  
Address PO BOX 792  
City-State-Zip: OSPREY FL 34229

Title PRESIDENT  
Name KOSIBA, LOUIS  
Address PO BOX 792  
City-State-Zip: OSPREY FL 34229

Title SECRETARY  
Name BURROWS, TRAVIS  
Address PO BOX 792  
City-State-Zip: OSPREY FL 34229

Title VP  
Name MIOTTI, RITA  
Address P.O. BOX 792  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name MARTIN, STEVE  
Address P.O. BOX 792  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name MARTIN, CARLA  
Address P.O. BOX 792  
City-State-Zip: OSPREY FL 34229

Title DIRECTOR  
Name ATTENBERG, JOAN  
Address P.O. BOX 792  
City-State-Zip: OSPREY FL 34229

**Continues on page 2**

*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: MICHELLE D STANLEY**

**TREASURER**

**01/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            JANINE, JACOBS  
Address        P.O. BOX 792  
City-State-Zip:  OSPREY FL 34229