


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90001 022 ****61.25

DOCUMENT # 721791
 1. Entity Name
LEUCADENDRA RECREATIONAL & IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business
 135 LEUCADENDRA DRIVE
 CORAL GABLES, FL 33156

Mailing Address
 135 LEUCADENDRA DRIVE
 CORAL GABLES, FL 33156

60046779.



2. Principal Place of Business - No P.O. Box #
199 Leucadendra Drive

3. Mailing Address
570 Arvida Parkway

Suite, Apt. #, etc.

09032008 Chg-NP CR2E037 (12/06)

City & State
Coral Gables FL

City & State
Coral Gables FL

Zip
33156

Country
USA

Zip
33156

Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, KIMBERLY K
570 ARVIDA PARKWAY
CORAL GABLES, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|--|--|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BALZEBRE, ANTHONY F 135 LEUCADENDRA DR. CORAL GABLES, FL 33156 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Kimberly K. Smith 570 Arvida Parkway Coral Gables FL 33156 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WINSLOW, OLIVER 145 LEUCADENDRA DR. CORAL GABLES, FL 33156 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V Audrey H. Ross 120 Leucadendra Drive Coral Gables FL 33156 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BALZEBRE, DOROTHY 135 LEUCADENDRA DR. CORAL GABLES, FL 33156 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Barbara Kelly 640 Arvida Parkway Coral Gables FL 33156 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Doris Sullivan 160 Leucadendra Drive Coral Gables FL 33156 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Rene Guerra 650 Leucadendra Drive Coral Gables FL 33156 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Audrey H. Ross* **Audrey H. Ross**
 V. Pres. **9-3-08 (305) 960-2571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #