

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721791

FILED
Jan 13, 2009
Secretary of State

Entity Name: LEUCADENDRA RECREATIONAL & IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

199 LEUCADENDRA DRIVE
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

570 ARVIDA PARKWAY
CORAL GABLES, FL 33156

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, KIMBERLY K
Address: 570 ARVIDA PARKWAY
City-St-Zip: CORAL GABLES, FL 33156

Title: V () Delete
Name: ROSS, AUDREY H
Address: 120 LEUCADENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: S () Delete
Name: KELLY, BARBARA
Address: 640 ARVIDA PARKWAY
City-St-Zip: CORAL GABLES, FL 33156

Title: T () Delete
Name: SULLIVAN, DORIS
Address: 160 LEUCADENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: GUERRA, RENE
Address: 650 LEUCADENDRA DRIVE
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AUDREY ROSS

V

01/13/2009

Electronic Signature of Signing Officer or Director

Date