### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 718566** 

Entity Name: THE SLOVAK GARDEN, A HOME FOR AMERICAN SLOVAKS,

INC.

Apr 12, 2014 Secretary of State CC0410937946

**FILED** 

### **Current Principal Place of Business:**

3110 HOWELL BRANCH RD SUITE 100 WINTER PARK, FL 32792

## **Current Mailing Address:**

3110 HOWELL BRANCH RD SUITE 100 WINTER PARK, FL 32792 US

FEI Number: 59-0972294 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PALMER, HUGH M 1150 LOUISIANA AVE SUITE 6 A WINTER PARK, FL 32789 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

Officer/Director Detail:

Title Title

PECHAN, MARCEL VALUSEK, ANNA Name Name

Address 3148 ORAVA LANE Address **4737 DUNBARTON DRIVE** 

City-State-Zip: WINTER PARK FL 32792 City-State-Zip: ORLANDO FL 32817

Title **PRESIDENT** Title **DIRECTOR** 

MURPHY, IRENE Name KRAVETS, THOMAS F DR. Name 1751 SENECA BLVD Address Address 141 STEFANIK RD

City-State-Zip: WINTER SPRINGS FL 32708 City-State-Zip: WINTER PARK FL 32792

DIRECTOR Title Title ۱/P

BADIDA, NICK Name Name BUJNAK, BRANISLAV

Address 3544 AMACA CIRCLE 1542 LAWNDALE CR Address ORLANDO FL 32837 City-State-Zip: WINTER PARK FL 32792 City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** LEITCH, BRIAN Name Name VOLOSIN, JOHN 4160 ORAVA LANE Address Address 3144 ORAVA LANE

City-State-Zip: WINTER PARK FL 32792 City-State-Zip: WINTER PARK FL 32792

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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.

04/12/2014 TREASURER SIGNATURE: ANNA VALUSEK

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name DVORECKY, MILAN Address 9739 LANSDOWN CT City-State-Zip: ORLANDO FL 32817