

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718566

Entity Name: THE SLOVAK GARDEN, A HOME FOR AMERICAN SLOVAKS, INC.**FILED**
Apr 14, 2018
Secretary of State
CC4655512828**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

Date

Officer/Director Detail :

Title	S
Name	PECHAN, MARCEL
Address	3148 ORAVA LANE
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	MURPHY, IRENE
Address	141 STEFANIK RD
City-State-Zip:	WINTER PARK FL 32792

Title	VP
Name	BUJNAK, BRANISLAV
Address	1542 LAWDALE CR
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	KRUPA, MARIA
Address	1908 HEWETT LANE
City-State-Zip:	MAITLAND FL 32751

Title	T
Name	VALUSEK, ANNA
Address	4737 DUNBARTON DRIVE
City-State-Zip:	ORLANDO FL 32817

Title	PRESIDENT
Name	KRAVETS, THOMAS F DR.
Address	1751 SENECA BLVD
City-State-Zip:	WINTER SPRINGS FL 32708

Title	DIRECTOR
Name	VOLOSIN, JOHN
Address	3144 ORAVA LANE
City-State-Zip:	WINTER PARK FL 32792

Title	DIRECTOR
Name	STACH, KEVIN
Address	112 JERGO ROAD
City-State-Zip:	WINTER PARK FL 32792

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: ANNA VALUSEK**TREASURER****04/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HALUSKA, LUBOMIR
Address	1120 REFLECTIONS CIRCLE APT 206
City-State-Zip:	CASSELBERRY FL 32707