

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721791

Entity Name: LEUCADENDRA RECREATIONAL & IMPROVEMENT ASSOCIATION, INC.**Current Principal Place of Business:**199 LEUCADENDRA DRIVE
CORAL GABLES, FL 33156**Current Mailing Address:**P.O. BOX 144723
CORAL GABLES, FL 33114 US**FEI Number: 74-3246265****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**UNITED STATES REGISTERED AGENTS, INC.
9300 S. DADELAND BLVD,SUITE 600
MIAMI, FL 33156 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:** JL HOFMANN**01/29/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	ROSS, AUDREY H
Address	120 LEUCADENDRA DRIVE
City-State-Zip:	CORAL GABLES FL 33156

Title	TREASURER
Name	KELLY, BARBARA
Address	640 ARVIDA PARKWAY
City-State-Zip:	CORAL GABLES FL 33156

Title	DIRECTOR
Name	MEDINA, MANUEL
Address	555 ARVIDA PARKWAY
City-State-Zip:	CORAL GABLES FL 33156

Title	VP
Name	BARED, JOSE
Address	9025 ARVIDA DRIVE
City-State-Zip:	CORAL GABLES FL 33156

Title	PRESIDENT
Name	SULLIVAN, JOHN S
Address	160 LEUCADENDRA DRIVE
City-State-Zip:	CORAL GABLES FL 33156

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: AUDREY H. ROSS**SECRETARY****01/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date