

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758114

**FILED**  
**Mar 06, 2019**  
**Secretary of State**  
**3072194691CC**

**Entity Name:** 200 LESLIE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

200 LESLIE DR  
LOWER LOBBY MGMT. OFFICE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

200 LESLIE DR  
LOWER LOBBY MGMT. OFFICE  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 59-2134818

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

200 LESLIE CONDOMINIUM ASSOC  
KOPELOWITZ OSTROW, P.A.  
200 E. PALMETTO PARK RD#103  
BOCA RATON, FL 33432 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:** DAMARIS BORRELLI

03/06/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BERGER, RICHARD  
Address        200 LESLIE DR  
                  LOWER LOBBY MGMT. OFFICE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            VP  
Name            MORELLO, CHRISTINA  
Address        200 LESLIE DR  
                  LOWER LOBBY MGMT. OFFICE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            TREASURER  
Name            SHOSTACK, ROBERT  
Address        200 LESLIE DR  
                  LOWER LOBBY MGMT. OFFICE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            SECRETARY  
Name            BLATT, PATRICIA  
Address        200 LESLIE DRIVE  
                  LOWER LOBBY MGMT. OFFICE  
City-State-Zip: HALLANDALE BEACH FL 33009

Title            PROPERTY MANAGER  
Name            BORRELLI, DAMARIS  
Address        200 LESLIE DRIVE #OFFICE  
City-State-Zip: HALLANDALE BEACH FL 33312

*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:** DAMARIS BORRELLI

PROPERTY MANAGER

03/06/2019

Electronic Signature of Signing Officer/Director Detail

Date