FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 8:07

DOCUMENT # **724245** **(6)**

1. Corporation Name

LESLIE ESTATES HOMEOWNERS' ASSOCIATION NO. 1, IN C.

Principal Place of Business	Mailing Address
P. O. BOX 170721 HIALEAH FL 33017	P. O. BOX 170721 HIALEAH FL 33017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1972
3a. Date of Last Report: 04/21/1994
4. FEI Number: 23-7302923 — Applied For / Not Applicable
5. Certificate of Status Desired: ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

THOMPSON, DAHLIA
19443 NW 30TH CT
OPA LOCKA FL 33056

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAWKINS THOMPSON,BARBARA
STREET ADDRESS	2906 NW 192ND LN
CITY-ST-ZIP	OPA LOCKA FL
TITLE	VP
NAME	REYNOLDS, PATRICK
STREET ADDRESS	2907 NW 192ND LANE
CITY-ST-ZIP	OPA LOCKA FL
TITLE	SD
NAME	TAI, LILLIAN
STREET ADDRESS	2934 NW 192 TERR
CITY-ST-ZIP	OPA LOCKA FL
TITLE	S
NAME	ALSOBROOKS, GWEN
STREET ADDRESS	2900 NW 193RD ST
CITY-ST-ZIP	OPA LOCKA FL
TITLE	D
NAME	VICKERS, JEAN
STREET ADDRESS	19374 NW 28TH CT.
CITY-ST-ZIP	OPA LOCKA FL
TITLE	D
NAME	POITIER, CAROL
STREET ADDRESS	19214 NW 30TH CT
CITY-ST-ZIP	OPA LOCKA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	☐ Change	☒ Addition
12 NAME	WOODEN, JACQUELYN		
13 STREET ADDRESS	3040 NW 195th Street		
14 CITY-ST-ZIP	Opa Locka, Fl 33056		
21 TITLE	D	☐ Change	☒ Addition
22 NAME	JONES, CHARLES D		
23 STREET ADDRESS	2910 NW 195TH Street		
24 CITY-ST-ZIP	Opa Locka, Fl 33056		
31 TITLE		☒ Change	☐ Addition
32 NAME	Vickers, Jean		
33 STREET ADDRESS	19374 NW 28th Court		
34 CITY-ST-ZIP	Opa Locka, Fl 33056	please delete (no longer on Board)	
41 TITLE	D	☐ Change	☒ Addition
42 NAME	Cherry Whittaker		
43 STREET ADDRESS	19203 NW 28TH Court		
44 CITY-ST-ZIP	Opa Locka, Fl 33056		
51 TITLE	D	☐ Change	☒ Addition
52 NAME	HOLLAND, KELLYE		
53 STREET ADDRESS	2850 NW 195TH Street		
54 CITY-ST-ZIP	Opa Locka, Fl 33056		
61 TITLE	VP	☒ Change	☐ Addition
62 NAME	HAWKINS THOMPSON, BARBARA		
63 STREET ADDRESS	2906 NW 192nd Lane		
64 CITY-ST-ZIP	Opa Locka,Fl 33056		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/9/95 (305)621-9655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jacquelyn Wooden, President

0037805