

FILE NOW: FILING FEE IS \$61.25.

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 724245

1. Corporation Name

LESLIE ESTATES HOMEOWNERS' ASSOCIATION  
NO. 1, INC.

Principal Place of Business

Mailing Address

PO BOX 170721  
HIALEAH FL 33017

PO BOX 170721  
HIALEAH FL 33017

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

8/31/1972

3a. Date of Last Report

5/9/1995

4. FEI Number

23-730 2923

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

DAHLIA THOMPSON  
19443 NW 30 CT  
OPA LOCKA FL 33056

10. Name and Address of New Registered Agent

81 Name  
JACQUELYN WOODEN  
82 Street Address (P.O. Box Number is Not Acceptable)  
3040 NW 195 ST  
83  
84 City  
MIAMI  
85 Zip Code  
FL 33056

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

PRES. JACQUELYN WOODEN

(NOTE: Registered Agent's signature required when reinstating)

3/28/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WOODEN, JACQUELYN	3040 NW 195 ST	MIAMI FL 33056	<input type="checkbox"/>
D	JONES, CHARLES	2910 NW 195 ST	MIAMI FL 33056	<input type="checkbox"/>
D	VICKERS, JEAN	19374 NW 28 CT	MIAMI FL 33056	<input checked="" type="checkbox"/>
D	WHITTAKER, CHERRY	19203 NW 28 CT	MIAMI FL 33056	<input checked="" type="checkbox"/>
D	HOLLAND KELLYE	2850 NW 195 ST	MIAMI FL 33056	<input checked="" type="checkbox"/>
VP	HAWKINS THOMPSON, BARBARA	2906 NW 192 LN	MIAMI FL 33056	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
VP	JONES, CHARLES	2910 NW 195 ST	MIAMI FL 33056	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	REED, HERMAS	2911 NW 195 ST	MIAMI FL 33056	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	SIMPSON, HOPE	3030 NW 195 ST	MIAMI FL 33056	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	POINTER, CAROL	19214 NW 30 CT	MIAMI FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ALSOBROOKS, GWEN	2906 NW 193 ST	MIAMI FL 33056	<input type="checkbox"/>	<input checked="" type="checkbox"/>
500001765245 -04/01/96--01108--030 ***61.25					

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)(k), Florida Statutes, and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELYN L. WOODEN, PRES. 3/28/96 (305) 620-5119

Date

Daytime Phone #

CR2E037 (12/95)