FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 724245

1. Corporation Name
LESLIE ESTATES HOMEOWNERS ASSOC. #1, INC.

Principal Place of Business	Mailing Address
3040 NW 195 ST MIAMI FL 33056	PO BOX 170721 HIALEAH FL 33017

3. Date Incorporated or Qualified: 8/31/72	3a. Date of Last Report: 3/28/96
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
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26 PO BOX 170721
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State: HIALEAH FL
24 Zip / 25 Country	29 Zip: 33017 / 30 Country

9. Name and Address of Current Registered Agent

JACQUELYN L. WOODEN
3040 NW 195 ST
MIAMI FL 33056

10. Name and Address of New Registered Agent

81 Name: JACQUELYN L. WOODEN
82 Street Address (P.O. Box Number is Not Acceptable): 290 NW 165 ST P-250
83
84 City: MIAMI FL 85 Zip Code: 33169

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] Attorney JACQUELYN L. WOODEN 8/9/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JACQUELYN L. WOODEN 3040 NW 195 ST MIAMI FL 33056	☒ DELETE PRESIDENT	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PRESIDENT CHARLES JONES 2910 NW 195 ST MIAMI FL 33056	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERMAS REED 2911 NW 195 ST MIAMI FL 33056	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOPE SIMPSON 3030 NW 195 ST MIAMI FL 33056	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAROL PUTTER 19214 NW 30 CT MIAMI FL 33056	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O. GWEN ALSBROOKS 2900 NW 193 ST MIAMI FL 33056	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	300001919703 -08/13/96--01025--020 ***61.25	☐ Change ☐ Addition

CR2E037 (12/95)

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. 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: Charles Jones PRESIDENT 8/9/96 (305) 623-4844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #