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Feb 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724245 (6)

1. Corporation Name

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

Principal Place of Business

3040 NW 195 ST.
MIAMI FL 33056

Mailing Address

P.O. BOX 170721
HIALEAH FL 33017-07213. Date Incorporated or Qualified
08/31/19723a. Date of Last Report
04/01/1996

2. Principal Place of Business

21 2911 NW 195 ST

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

27 City & State

28

Zip

24 33056

Country

25 USA

Zip

29

Country

30

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

WOODEN, JACQUELYN
290 NW 165 ST P-250
MIAMI FL 33169

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 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/97

12. OFFICERS AND DIRECTORS

TITLE P
NAME JONES, CHARLES
STREET ADDRESS 2910 NW 195 ST.
CITY-ST-ZIP MIAMI FL 33056
☐ DELETETITLE D
NAME REED, HERMAS
STREET ADDRESS 2911 N.W. 195 ST.
CITY-ST-ZIP MIAMI FL 33056
☐ DELETETITLE D
NAME ALSOBROOKS, GWEN
STREET ADDRESS 2900 N.W. 193 ST.
CITY-ST-ZIP MIAMI FL 33056
☒ DELETETITLE D
NAME POITER, CAROL
STREET ADDRESS 19214 N.W. 30 CT.
CITY-ST-ZIP MIAMI FL 33056
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME ROSE DALEY
1.3 STREET ADDRESS 2921 NW 195 ST
1.4 CITY-ST-ZIP MIAMI FL 33056
☐ Change ☒ Addition2.1 TITLE D
2.2 NAME DABIE PHILANOU
2.3 STREET ADDRESS 2906 NW 191 LN
2.4 CITY-ST-ZIP MIAMI FL 33056
☐ Change ☒ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0023394

CR2E037 (9/96)