

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **724245** (6)

1. Corporation Name

LESLIE ESTATES HOMEOWNERS' ASSOCIATION NO. 1, INC.

Principal Place of Business

Mailing Address

**2911 NW 195 ST
MIAMI FL 33056
US**

**P.O. BOX 170721
HALEAH FL 33017**

3. Date Incorporated or Qualified

08/31/1972

4. FEI Number

23-7302923

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Reeta N. Mills

82 Street Address (P.O. Box Number is Not Acceptable)

83

110 Foster Road

84 City

Hallandale,

FL

85 Zip Code

33009

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

Reeta N. Mills

(NOTE: Registered Agent signature required when reinstating)

2-5-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **JONES, CHARLES**
STREET ADDRESS **2910 NW 195 ST.**
CITY-ST-ZIP **MIAMI FL 33056**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **Reed, Hermas**
1.3 STREET ADDRESS **2911 NW 195th Street**
1.4 CITY-ST-ZIP **Miami, FL 33056**

TITLE **D** ☐ DELETE
NAME **REED, HERMAS**
STREET ADDRESS **2911 N.W. 195 ST.**
CITY-ST-ZIP **MIAMI FL 33056**

2.1 TITLE **V/T/D** ☒ Change ☐ Addition
2.2 NAME **Jones, Charles**
2.3 STREET ADDRESS **2910 NW 195th Street**
2.4 CITY-ST-ZIP **Miami, FL 33056**

TITLE **S** ☐ DELETE
NAME **DALEY, ROSE**
STREET ADDRESS **2921 NW 195TH ST**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **S/D** ☒ Change ☐ Addition
3.2 NAME **Daley, Rose**
3.3 STREET ADDRESS **2921 NW 195th Street**
3.4 CITY-ST-ZIP **Miami, FL 33056**

TITLE **D** ☒ DELETE
NAME **POITER, CAROL**
STREET ADDRESS **19214 N.W. 30 CT.**
CITY-ST-ZIP **MIAMI FL 33056**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PHILANDO, BABSIE**
STREET ADDRESS **2906 NW 191 LANE**
CITY-ST-ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 unchanged, or on an attachment with an address.

SIGNATURE: *Hermas Reed*

2/5/98

CR2E037 (10/97)