03261999-90006-046-$61.25-$61.25

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90006 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724245

605423 - 90007 - 20

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 HIALEAH FL 33017

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/31/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7302923 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MILLS, REETA N
110 FOSTER RD
HALLANDALE FL 33009

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JONES, CHARLES		1.2 NAME	Reed, Hermas	
STREET ADDRESS	2910 NW 195 ST		1.3 STREET ADDRESS	2911 NW195th Street	
CITY-ST-ZIP	MIAMI FL 33056		1.4 CITY-ST-ZIP	Miami, Fl 33056	
TITLE	VTD	☐ DELETE	2.1 TITLE	VTD	☒ Change ☐ Addition
NAME	REED, HERMAS		2.2 NAME	Jones. Charles	
STREET ADDRESS	2910 NBW 195TH ST		2.3 STREET ADDRESS	2910 NW 195th Street	
CITY-ST-ZIP	MIAMI FL 33056		2.4 CITY-ST-ZIP	Miami. Fl 33056	
TITLE	SD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	OALEY, ROSE		3.2 NAME	Hans-Pierre Louis	
STREET ADDRESS	2921 NW 195TH ST		3.3 STREET ADDRESS	19363 NW 28th Court	
CITY-ST-ZIP	MIAMI FL 33056		3.4 CITY-ST-ZIP	Miami, Fl 33056	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (X) Hermas Reed REQUIRED 3/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR3047 (11/98)