

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724245

FILED
Sep 02, 2009
Secretary of State

Entity Name: LESLIE ESTATES HOMEOWNERS' ASSOCIATION NO. 1, INC.

Current Principal Place of Business:

19468 N.W. 28TH PLACE
MIAMI GARDENS, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 552675
MIAMI GARDENS, FL 33055

New Mailing Address:

FEI Number: 23-7302923 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRATTON, ZOLENA
19468 N.W. 28TH PLACE
MIAMI GARDENS, FL 33056 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRATTON, ZOLENA
Address: 19468 N.W. 28TH PLACE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: BM () Delete
Name: STRAFFORD, LILLIAN
Address: 907 CHESSEL AVE
City-St-Zip: SEBASTIAN, FL 32958

Title: TD () Delete
Name: BETHEL, ALICE
Address: 2891 N.W. 194TH STREET
City-St-Zip: MIAMI GARDENS, FL 33056

Title: S () Delete
Name: SANDS, JANET W
Address: 19367 NW 29 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: V () Delete
Name: WILSON, BRENDA
Address: 3061 N.W. 195TH STREET
City-St-Zip: MIAMI GARDENS, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZOLENA BRATTON

D

09/02/2009

Electronic Signature of Signing Officer or Director

Date