

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727887

FILED
Feb 26, 2009
Secretary of State

Entity Name: LESLIE ESTATES HOMEOWNERS' ASSOCIATION NO. 3, INC.

Current Principal Place of Business:

3061 NW 204 LANE
MIAMI GARDENS, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 551547
OPA LOCKA, FL 33055 US

New Mailing Address:

FEI Number: 59-6526581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, KENNETH E II
1999 S.W. 27TH AVENUE, 1ST FLOOR
MIAMI, FL 331452543 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: STEWART, IVAN
Address: 20453 NW 28 COURT
City-St-Zip: MIAMI GARDENS,, FL 33056

Title: TD () Delete
Name: HENDERSON, BARBARA A
Address: 3061 NW 204 LN
City-St-Zip: MIAMI GARDENS,, FL 33056

Title: D () Delete
Name: HYLTON, ALMA
Address: 3018 NW 203 LANE
City-St-Zip: MIAMI GARDENS,, FL 33056

Title: D () Delete
Name: SUTHERLAND, SHIRLEY
Address: 3105 NW 203 LANE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: HOWARD, DELORIS
Address: 2982 NW 199 TERR.
City-St-Zip: MIAMI GARDENS, FL 33056

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: CAMPBELL, MARGARITE
Address: 3043 NW 204 TERR
City-St-Zip: MIAMI GARDENS, FL 33056

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: BARBARA A. HENDERSON

TD

02/26/2009

Electronic Signature of Signing Officer or Director

Date