

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90003 043 ****61.25

DOCUMENT # 728132

1. Corporation Name

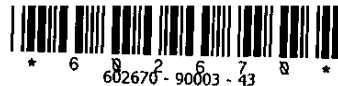
LESLIE ESTATES HOMEOWNERS' ASSOCIATION NO. 6, IN
C.

Principal Place of Business

760 N.W. 107 AVENUE
201
MIAMI FL 33172

Mailing Address

760 N.W. 107 AVENUE
201
MIAMI FL 33172



2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

Zip Country

29

3. Date Incorporated or Qualified

11/20/1973

4. FEI Number

59-6526582

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J ESQ.
100 SE 2ND ST
28 FL
MIAMI FL 33151

10. Name and Address of New Registered Agent

81 Name

KTE&S Registered Agent Corp.

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

100 SE 2nd Street

83

Suite 2800

84 City

Miami

FL

85 Zip Code

33131-2144

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.

MICHAEL KOSNITZKY, President

7/21/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EISENMAN, TOREY
STREET ADDRESS 760 N.W. 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172

DELETE

TITLE VD
NAME RODRIGUEZ, A
STREET ADDRESS 760 NW 107 AVE, STE 201
CITY-ST-ZIP MIAMI FL 33172

DELETE

TITLE STD
NAME SANG, L J L
STREET ADDRESS 760 N.W. 107 AVENUE
CITY-ST-ZIP MIAMI FL 33172

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

71D

1.2 NAME

Joe Molodowitz

1.3 STREET ADDRESS

760 N.W. 107th Avenue

1.4 CITY-ST-ZIP

MIAMI, FL 33172

2.1 TITLE

S/T/D

2.2 NAME

Alex Rodriguez

2.3 STREET ADDRESS

760 N.W. 107 Avenue Ste. 201

2.4 CITY-ST-ZIP

3.1 TITLE

VP/D

3.2 NAME

Deanna Cruz

3.3 STREET ADDRESS

760 N.W. 107th Avenue Ste. 201

3.4 CITY-ST-ZIP

MIAMI, FL 33172

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/99

CR2E037 (5/99)