## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#758114** 

FILED Feb 27, 2007 Secretary of State

Entity Name: 200 LESLIE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 200 LESLIE DR LOWER LOBBY HALLANDALE, FL 33009 US **Current Mailing Address: New Mailing Address:** 200 LESLIE DR 200 LESLIE DR AH: MANAGEMENT ATTN: MANAGEMENT OFC HALLANDALE, FL 33009 HALLANDALE, FL 33009 FEI Number: 59-2134818 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OSBORN, JARRETT 200 LESLÍE DRIVE HALLANDALE, FL 33009 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KORNHABEN, JACQUELYN Name: Name: Address: 200 LESLIE DR. Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: TD () Delete Title: () Change () Addition OSBORN, JARRETT Name: Name: Address: 200 LESLIE DR. Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: () Delete Title: () Change () Addition ACCURSO, SAM Name: Name: 200 LESLIE DR. Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: SD ( ) Delete Title: SD (X) Change ( ) Addition Name: PEDRA, WANDA Name: PIEDRA, WANDA Address: 200 LESLIE DR. Address: 200 LESLIE DR. City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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: JARRETT OSBORN Τ 02/27/2007