

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 758114

FILED
Oct 06, 2009
Secretary of State

Entity Name: 200 LESLIE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 LESLIE DR
LOWER LOBBY MGMT. OFFICE
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

200 LESLIE DR
LOWER LOBBY MGMT. OFFICE
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 59-2134818 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:

OSBORN, JARRETT
200 LESLIE DRIVE
LOWER LOBBY MGMT. OFFICE
HALLANDALE, FL 33009 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: JARRETT OSBORN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KORNHABEN, JACQUELYN
Address: 200 LESLIE DR.
City-St-Zip: HALLANDALE, FL 33009

Title: PD () Delete
Name: OSBORN, JARRETT
Address: 200 LESLIE DR.
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: ACCURSO, SAM
Address: 200 LESLIE DR.
City-St-Zip: HALLANDALE, FL 33009

Title: VPD () Delete
Name: SMITH, DAVE
Address: 200 LESLIE DR.
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KORNHABEN, JACQUELYN
Address: 200 LESLIE DR.
City-St-Zip: HALLANDALE, FL 33009

Title: TD (X) Change () Addition
Name: OSBORN, JARRETT
Address: 200 LESLIE DR.
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change () Addition
Name: SMITH, DAVID
Address: 200 LESLIE DR.
City-St-Zip: HALLANDALE, FL 33009

Title: SD (X) Change () Addition
Name: WHITE, IRIS
Address: 200 LESLIE DR.
City-St-Zip: HALLANDALE, FL 33009

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: JARRETT OSBORN

Electronic Signature of Signing Officer or Director

TD

10/06/2009

Date