2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 02, 2003 8:00 am
Secretary of State
03-20-2003 90111 006 ****61.25

DOCUMENT # 758114

1. Entity Name
200 LESLIE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 LESLIE DR LOWER LOBBY HALLANDALE FL 33009 US	200 LESLIE DR. AH: MANAGEMENT HALLANDALE FL 33009

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2134818 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKPLD, INC.
210 ALHAMBRA CIRCLE, STE 1102
MIAMI FL 33134

7. Name and Address of New Registered Agent

Name: Michael K. Feldman
Street Address (P.O. Box Number is Not Acceptable): 1111 Kane Concourse #200
City: Bay Harbor Islands FL Zip Code: 33154-2005

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 3/07/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. **FILE NOW: FEE IS $61.25** | Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD GREENWALD, ALLEN 200 LESLIE DR. HALLANDALE FL 33009	X Delete	President D SANTIAGO COPPELLO 200 LESLIE DR. HALLANDALE FL 33009	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRD ROSS, BARBARA 200 LESLIE DR. HALLANDALE FL 33009	X Delete	V President Secretary D TIEN LIM 200 LESLIE DR HALLANDALE FL 33009	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COHEN, LINDA 200 LESLIE DR. HALLANDALE FL 33009	X Delete	Treasurer D PEGGY TAYLOR 200 LESLIE DR HALLANDALE FL 33009	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 02/27/03 (305) 933-6383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #