FILED
03-20-2003 90111 006 ****61.25
08-05-2003 90072 046 ****70.00
03 AUG -7 PM 4:20 758114
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

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

80136105

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

[redacted]

☐ CHECK HERE IF MAKING CHANGES

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

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELDMAN, MICHAEL K 1111 KANE CONCOURSE #200 MIAMI BEACH, FL 33154	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when changing)

FILE NOW FEE IS $61.25 Initial or Amended UBR

9. 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 COPPELLO, SANTIGO 200 LESLIE DR. HALLANDALE, FL 33009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD LIM, TEIN 200 LESLIE DR HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Sandra Taylin 200 Leslie Drive Hallandale FL 33009	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TAYLOR, PEGGY 200 LESLIE DR. HALLANDALE, FL 33009	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Alan H. Gershon 200 Leslie Drive Hallandale FL 33009	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: X Alan H. Gershon Alan H Gershon 7/31/03 954-458-2225
(SIGNATURE AND TYPED OR PRINTED NAME OF MORING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)