

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90034 002 ****61.25

DOCUMENT # N00000003354

1. Entity Name

THE LESLIE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1325 MERIDIAN AVE
MIAMI BEACH FL 33139

Mailing Address

1325 MERIDIAN AVE
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

P.O. Box 190185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI BEACH, FL

Zip

Country

Zip
33119

Country

USA

4. FEI Number

01-0656047

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

NADAL, JUAN
1325 MERIDIAN AVE
3
MIAMI BEACH FL 33139

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

Signature of the registered agent and the # applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

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

TITLE	D,VP	<input type="checkbox"/> Delete
NAME	NADOL, JUAN	
STREET ADDRESS	1325 MERIDIAN AVENUE #3	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	D,P	<input type="checkbox"/> Delete
NAME	OSTROFSKY, JACK	
STREET ADDRESS	1325 MERIDIAN AVENUE #7	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	D,T	<input type="checkbox"/> Delete
NAME	ST. AUBIN, LIZ	
STREET ADDRESS	1325 MERIDIAN AVE #3	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	D,S	<input type="checkbox"/> Delete
NAME	NADAL, CHARISSE	
STREET ADDRESS	1325 MERIDIAN AVE, # 3	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Block 11, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-06 4096928