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NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra 🗗 Morthim

FILED

Apr 16 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600003178 (8)

LEAFY WAY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 22. Principal Place of Business 23. Date (LEE Report COCONUT GROVE FL 33133 24. Mailing Address 35. Date incorporated or Qualified 36. Date incorporated or Qualified 37. Date (LEE Report Surfo, Apt #. ofc. 28. Certificate of Status Desired Surfo, Apt #. ofc. 29. Surfo, Apt #. ofc. 29. Currity 20. City & State 20. City & State 20. Country 20. Election Cempaign Financing								
COCONAT GROVE FL 33133 COCONA	Principal Place	e of Business	Mailing Address					
College Place of Business				133-6407				
Suite, Apt. F. etc.						3. Date incorporated or Qualified 06/13/1996	3a. Date of Last Report	
Sulle, Apt. #, etc. 27 27 27 27 27 27 28 30 30 51 51 51 51 52 50 51 52 52 52 52 52 52 52	Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied	For
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Zip	22		27	······		5. Certificate of Status Desired		
Zip Country Zip Country Bas and Address of Current Registered Agent g, Name and Address of Current Registered Agent GIBBS, W T 2665 S BAYSHORE DR STE 603 COCONUT GROVE FL 33133 33 64 City FL 65 Zip Code 11. Pursuant to the provisions of Sections 517 C902 and 617.1508, Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered edice or registered agent, or both, in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its registered edice or registered agent, or both, in the State of Floridal Statutes, the above-named corporation's board of directors. I thereby accept the appointment as registered edice or registered agent, and accept the obligations of, Section 617 0503, Floridal Statutes. 9,GNAT LIVE To CFEICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. INTRE 16. D D D DELETE 11. TIME 16. D D DELETE 11. TIME 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22. NAME STREET ADDRESS 14. CITY -51.72P 15. TIME 16. Change Addit 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TIME 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRRET ADDRESS 14. CITY -51.72P 15. TIME 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. TIME 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		e	<u>⊢</u> ¬ '			1		
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### City ### ###				8	Street Add	iress (P.O. Box Number is Not Acceptal	ole)	
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Agent. I am familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes. 9;SNATURE Signature, tysed or protest name of regulated agent and title if applicable. (NOTE Registered Agent signature required when reintating) DATE				*	City		FL 85 Zip Code	
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CITY-ST-ZIP 14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the same leg								