


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000003178 1. Entity Name LEAFY WAY HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3965 LEAFY WAY MIAMI, FL 33133	Mailing Address 3965 LEAFY WAY MIAMI, FL 33133
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03042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0748268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAWKINS, JAMES M 3965 LEAFY WAY MIAMI, FL 33133

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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 3/4/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAWKINS, JAMES M 3965 LEAFY WAY MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLADSTEIN, PHIL 3925 LEAFY WAY COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FENDELMAN, RICHARD 3965 LEAFY WAY MIAMI, FL 33133
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000285685 04/02/05-80054-024 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 3/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR