

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 27, 2007
Secretary of State

DOCUMENT# N96000003178

Entity Name: LEAFY WAY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**3965 LEAFY WAY
MIAMI, FL 33133**New Principal Place of Business:**3938 LEAFY WAY
MIAMI, FL 33133**Current Mailing Address:**3965 LEAFY WAY
MIAMI, FL 33133**New Mailing Address:****FEI Number:** 65-0748268**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HAWKINS, JAMES M
3965 LEAFY WAY
MIAMI, FL 33133 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: HAWKINS, JAMES M
Address: 3965 LEAFY WAY
City-St-Zip: MIAMI, FL 33133**Title:** VD () Delete
Name: GLADSTEIN, PHIL
Address: 3925 LEAFY WAY
City-St-Zip: COCONUT GROVE, FL 33133**Title:** STD () Delete
Name: FENDELMAN, RICHARD
Address: 3965 LEAFY WAY
City-St-Zip: MIAMI, FL 33133**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: MOFFROID, MARY T
Address: 3938 LEAFY WAY
City-St-Zip: MIAMI, FL 33133**Title:** VD (X) Change () Addition
Name: GLATSTEIN, PHIL
Address: 3925 LEAFY WAY
City-St-Zip: COCONUT GROVE, FL 33133**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY MOFFROID

PD

11/27/2007

Electronic Signature of Signing Officer or Director

Date