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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725117** **(6)**

1. Corporation Name

LEEWARD POINT CONDOMINIUM INC

Principal Place of Business	Mailing Address
16390 N.E. 28TH AVENUE NORTH MIAMI BEACH FL 33160-4005	16390 N.E. 28TH AVENUE NORTH MIAMI BEACH FL 33160-4005

3. Date Incorporated or Qualified: 12/27/1972
3a. Date of Last Report: 02/29/1996

2. Principal Place of Business (21):
2a. Mailing Address (26): c/o Summit

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27): P.O. Box 189013

City & State (23):
City & State (28): Plantation, FL

Zip (24): Country (25):
Zip (29): 33318 Country (30): USA

4. FEI Number: 59-1675853 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY A., PRESIDENT
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☑ Change ☐ Addition
NAME	KLEIN, KEN		1.2 NAME		
STREET ADDRESS	2791 NE 164 ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		1.4 CITY-ST-ZIP		
TITLE	~~V~~	☑ DELETE	2.1 TITLE	VD	☐ Change ☑ Addition
NAME	~~ANTONIO, MARK~~		2.2 NAME	Antonio, Mark	
STREET ADDRESS	~~16478 NE 27 PLACE~~		2.3 STREET ADDRESS	2811 NE 164th Street	
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL 33160~~		2.4 CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE	~~ST~~	☐ DELETE	3.1 TITLE	PD	☑ Change ☐ Addition
NAME	BARAZ, IRA		3.2 NAME		
STREET ADDRESS	16463 NE 27 PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BOBSON, BILL		4.2 NAME		
STREET ADDRESS	16471 NE 27 PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	TD	☐ Change ☑ Addition
NAME	~~LETIZIA, LOU~~		5.2 NAME	RUTH ABECKERR	
STREET ADDRESS	~~2778 NE 165 TERRACE~~		5.3 STREET ADDRESS	2807 A NE 164 St	
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL 33160~~		5.4 CITY-ST-ZIP	NMB, FL 33160	
TITLE	D	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	~~EPPERSON, JACK~~		6.2 NAME	Hannelore Bisch	
STREET ADDRESS	~~2758 NE 165 TERRACE~~		6.3 STREET ADDRESS	2761 NE, 165th Terrace	
CITY-ST-ZIP	~~NORTH MIAMI BEACH FL 33160~~		6.4 CITY-ST-ZIP	North Miami Beach Fla, 33160	

CR2E037 (9/96)

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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] IRA BARAZ President 3/11/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0031530