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FILED

Mar 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 725117 (6)

1. Corporation Name

LEEWARD POINT CONDOMINIUM INC

Principal Place of Business

16390 N.E. 28TH AVENUE
NORTH MIAMI BEACH FL 33160-4005

Mailing Address

C/O SUMMIT Horizon Main. Serv.
P.O. BOX 180013 3211 N. 74th Ave
PLANTATION FL 33316 Hollywood, FL
US 33024

3. Date Incorporated or Qualified

12/27/1972

4. FEI Number

59-1675853

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME KLEIN, KEN
STREET ADDRESS 2791 NE 164 ST.
CITY-ST-ZIP NORTH MIAMI BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME ANTONIO, MARK
STREET ADDRESS 2811 NE 164TH STREET
CITY-ST-ZIP NORTH MIAMI BEACH FL

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD ☒ DELETE
NAME BARAZ, IRA
STREET ADDRESS 16463 NE 27 PLACE
CITY-ST-ZIP NORTH MIAMI BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BOBSON, BILL
STREET ADDRESS 16471 NE 27 PLACE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME ABECKJARR, RUTH
STREET ADDRESS 2807-A NE 164TH ST
CITY-ST-ZIP NORTH MIAMI BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME BISCH, HANNELORE
STREET ADDRESS 2761 NE 165TH TERRACE
CITY-ST-ZIP NORTH MIAMI BEACH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

2/1/98

6511152-1270

CR2E037 (10/97)