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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725117

1. Corporation Name
LEEWARD POINT CONDOMINIUM INC

Principal Place of Business	Mailing Address
C/O HORIZON MAIN SERVICES 3211 N 74TH AVE HOLLYWOOD FL 33021 US	~~C/O SUMMIT~~ ~~P O BOX 109013~~ ~~PLANTATION FL 33318~~ ~~US~~

2. Principal Place of Business 21	2a. Mailing Address 26 c/o Horizon Main Services	3. Date Incorporated or Qualifed 12/27/1972	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 3211 N. 74th Ave	4. FEI Number 59-1675853	Applied For Not Applicable
City & State 23	City & State 28 Hollywood, FL 33021	5. Certifcate of Status Desired ☐	~~$8.75~~ Additional Fee Required
Zip / Country 24 25	Zip / Country 29 33021 30 US	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

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: Horizon Maintenance Services
82 Street Address (P.O. Box Number is Not Acceptable): 3211 N. 74th Ave Suite 1
83 Hollywood, FL 33024
84 City: HOLLYWOOD FL 85 Zip Code: 33024

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] Office Manager. DATE: 1/12/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
TITLE	D	☒	1.1 TITLE	~~Director~~ Vice President	☐ ☒
NAME	KLEIN, KEN		1.2 NAME	JACK Epperson	
STREET ADDRESS	2791 NE 164 ST.		1.3 STREET ADDRESS	2785 NE 165 TERR	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		1.4 CITY-ST-ZIP	North Miami Bch FL 33160	
TITLE	PD	☐	2.1 TITLE	~~Vice President~~ ~~Secretary~~	☐ ☒
NAME	ANTONIO, MARK		2.2 NAME	SUSAN Mouyal	
STREET ADDRESS	2811 NE 164TH STREET		2.3 STREET ADDRESS	16446 NE 27 place	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		2.4 CITY-ST-ZIP	North Miami Bch FL 33160	
TITLE	D	☐	3.1 TITLE	IRA BARAZ - TREASURER	☐ ☒
NAME	BOBSON, BILL		3.2 NAME	16463 NE 27 Place	
STREET ADDRESS	16471 NE 27 PLACE		3.3 STREET ADDRESS	North Miami Beach, FL 33160	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160		3.4. CITY-ST-ZIP		
TITLE	TD	☒	4.1 TITLE		☐ ☐
NAME	ABECKJARR, RUTH		4. 2 NAME		
STREET ADDRESS	2807-A NE 164TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐	5.1 TITLE		☐ ☐
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐	6.1 TITLE		☐ ☐
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ MARC ANTONIO 1-12-99 (954) 457-1374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #