2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State
02-13-2004 90009 045 ****61.25

DOCUMENT # 725117

1. Entity 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 HORIZON MAIN SERVICES 3211 N. 74TH AVE HOLLYWOOD, FL 33021 US

02022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAM, JOSEPH PECKO 3211 N. 74TH AVENUE SUITE 1 HOLLYWOOD, FL 33024	Name Street Address (P.O. Box Number is Not Acceptable) 5618 Hollywood Blvd City Hollywood FL Zip Code 33021

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 _____ 2/10/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BARAZ, IRA 16463 NW 27 PLACE NORTH MIAMI BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANTONIO, MARK 2811 NE 164TH STREET NORTH MIAMI BEACH, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EPPERSON, JACK 2785 NE 165 TERR NORTH MIAMI BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EPPERSON, J.K., JR. 2785 NE 165 TERR NORTH MIAMI BEACH, FL 33160 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROJAS, TONY 16478 NE 27TH PLACE NORTH MIAMI BEACH, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROJAS, ANTHONY 16478 NE 27 Place NORTH MIAMI BEACH, FL 33160 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOBSON, BILL 16471 NE 27 PLACE NORTH MIAMI BEACH, FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOBSON, WILLIAM 16471 NE 27 PLACE NORTH MIAMI BEACH, FL 33160 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIVERA, ALBERTO 2775 NE 164 Street NORTH MIAMI BEACH, FL 33160 ☐ Change ☒ Addition

12. 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 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: _____ J.K. Epperson, Jr. Pres 2/11/04 (305) 592-7888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #