2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90005 040 ****70.00

DOCUMENT # 725117

1. Entity Name
LEEWARD POINT CONDOMINIUM INC

400333303

Principal Place of Business	Mailing Address
16390 NE 28 AVENUE N. MIAMI BEACH, FL 33160 US	~~C/O HORIZON PROPERTY MGMT SOLUTIONS~~ ~~913 NW 31ST AVENUE~~ ~~POMPANO BEACH, FL 33069 US~~

02212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
16390 N.E, 28th Ave	16390 N.E., 28th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. M. Beach, Fl.	City & State: N. M. Beach, Fl.
Zip: 33160 Country: Dade-Fl.	Zip: 33160 Country: Dade-Fl.

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
~~HORIZON PROPERTY MANAGEMENT SOLUTIONS, INC~~ ~~913 NW 31ST AVENUE~~ ~~POMPANO BEACH, FL 33069~~	Name: Jose Yankelewitch Street Address (P.O. Box Number is Not Acceptable): 16390 N.E, 28th Ave. City: N. M. Beach, FL Zip Code: 33160

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: [signature] DATE: 2/25/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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	PD GOLDBERG, MONTE 16503 NORTHEAST 27 PLACE NORTH MIAMI BEACH, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jose Yankelewitch 16390 N.E, 28th Ave N. M. Beach, Fl. 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD YANKEVICH, JOSE 2803 NORTHEAST 164 STREET NORTH MIAMI BEACH, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Anthony Rojas 16478 N.E. 27th Pl N. M. Beach, Fl. 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KISS, CARLOS 16422 NORTHEAST 27 PLACE NORTH MIAMI BEACH, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Ira Baraz 16390 N.E, 28th Ave. N.M. Beach, Fl. 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SUAREZ, ALFREDO 16430 NORTHEAST 27 PLACE NORTH MIAMI BEACH, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Maria Cabada 16390 N.E., 28th Ave. N. M. Beach, Fl. 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABECKJERR, JACK 2753 NORTHEAST 165 TERRACE NORTH MIAMI BEACH, FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mark Antonio 16390 N.E., 28th Ave. N. M. Beach, Fl. 33160	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 2/25/08 786-325-9613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #