2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725117

FILED Jan 12, 2009 Secretary of State

Entity Name: LEEWARD POINT CONDOMINIUM INC

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	28 AVENUE BEACH, FL 3316	60 US			
Current Mailing Address:			New Mailing Address:		
	28 AVENUE BEACH, FL 3316	60 US			
FEI Number	: 59-1675853	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address of	of New Registered Agent:	
16390 NE NORTH M The above	VITCH, JOSE 28 AVENUE IIAMI BEACH, FL e named entity su e of Florida.		purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic	Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () C YANKELEVITCH, 16390 NE 28 AVE NORTH MIAMI BE	ENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
		,	yp.		
Name: Address:	VP () E ROJAS, ANTHON 16478 NE 27TH F NORTH MIAMI BE	Delete IY PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: Cdty-St-Zip:	ROJAS, ANTHON 16478 NE 27TH F NORTH MIAMI BE	Delete IY PLACE EACH, FL 33160 Delete	Title: Name: Address:	() Change () Addition () Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	ROJAS, ANTHÓN 16478 NE 27TH F NORTH MIAMI BE TD () E BARAZ, IRA 16390 NE 28TH A NORTH MIAMI BE	Delete IY PLACE EACH, FL 33160 Delete AVE EACH, FL 33160 Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE YANKELEVITCH PD 01/12/2009