

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011934

FILED
Apr 20, 2006
Secretary of State

Entity Name: LEEWARD ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11755 S.W. 90TH STREET
MIAMI, FL 33186

New Principal Place of Business:

C/O M & E ASSOCIATES OF MIAMI, INC.
13055 SW 42 STREET, SUITE 203
MIAMI, FL 33175

Current Mailing Address:

11755 S.W. 90TH STREET
MIAMI, FL 33186

New Mailing Address:

C/O M & E ASSOCIATES OF MIAMI, INC.
13055 SW 42 STREET, SUITE 203
MIAMI, FL 33175

FEI Number: 20-0487005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARGOLIS, JEFFREY R
200 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VILLANUEVA, PAULA CHRISTIE
Address: 11755 S.W. 90TH STREET
City-St-Zip: MIAMI, FL 33186

Title: VD () Delete
Name: FIGUEROA, JOSE JORGE
Address: 11755 S.W. 90TH STREET
City-St-Zip: MIAMI, FL 33186

Title: S () Delete
Name: MARTINEZ, HAYDEE
Address: 11755 S.W. 90TH STREET
City-St-Zip: MIAMI, FL 33186

Title: TD () Delete
Name: CRESPI, CHRISTINE
Address: 11755 S.W. 90TH STREET
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINE CRESPI

TD

04/20/2006

Electronic Signature of Signing Officer or Director

Date