

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011934

FILED
Apr 30, 2008
Secretary of State

Entity Name: LEEWARD ISLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

3300 NE 3 DRIVE
HOMESTEAD, FL 33033

Current Mailing Address:

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

New Mailing Address:

C/O UNITE PROPERTY MANAGEMENT
PO BOX 653637
MIAMI, FL 33265

FEI Number: 20-0487005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATION LAW GROUP, PL
1666 KENNEDY CAUSEWAY, SUITE 305
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

UNITE PROPERTY MGMT
11773 SW 34 ST
MIAMI, FL 33175 US

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: VERONICA ABDALA

04/30/2008

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: TORRA, BERNIE
Address: 11755 S.W. 90TH STREET
City-St-Zip: MIAMI, FL 33186

Title: DST (X) Delete
Name: ROSSELLI, ALFONSO
Address: 11755 S.W. 90TH STREET
City-St-Zip: MIAMI, FL 33186

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DNARVARTE, WILLIAM
Address: 382 NE 34 AVE
City-St-Zip: HOMESTEAD, FL 33033

Title: VPS (X) Change () Addition
Name: VAN-NEIL, CHRIS
Address: 3382 NE 3 DR
City-St-Zip: HOMESTEAD, FL 33033

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 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: WILLIAM DNARVARTE

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date