

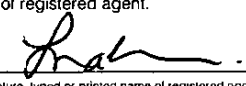
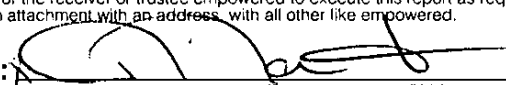


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90038 001 ****70.00

DOCUMENT # N05000011934					
1. Entity Name LEEWARD ISLES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 STREET, SUITE 203 MIAMI, FL 33175			Mailing Address C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 STREET, SUITE 203 MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ASSOCIATION LAW GROUP, P.I. 1666 KENNEDY CAUSEWAY, SUITE 305 MIAMI BEACH, FL 33141				Name SKALD, Inc.	
				Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle	
				Suite 1102	
				City Coral Gables	FL Zip Code 33134
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: 		Lisa Lerner, Secretary		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	PLT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILLANUEVA, PAULA CHRISTIE		NAME	William D'Arvante	
STREET ADDRESS	11755 S.W. 90TH STREET		STREET ADDRESS	382 NE 34 Ave.	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Homestead, FL 33033	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP/Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRA, BERNIE		NAME	Christopher Van Niel	
STREET ADDRESS	11755 S.W. 90TH STREET		STREET ADDRESS	3382 NE 3 Dr.	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Homestead, FL 33033	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSELL ALFONSO		NAME	Leonardo Sordelmente	
STREET ADDRESS	11755 S.W. 90TH STREET		STREET ADDRESS	3341 NE 4 Street	
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP	Homestead, FL 33033	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, FERNANDO		NAME		
STREET ADDRESS	11755 S.W. 90TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEROA, JOSE JORGE		NAME		
STREET ADDRESS	11755 S.W. 90TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		William D'Arvante		4/23/08 786-385 2925	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	