

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90026 004 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                     |                                                              |                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N05753</b><br>1. Entity Name<br>LEEWARD AIR RANCH PROPERTY OWNERS<br>ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                                                     |                                                              |                                  |  |
| Principal Place of Business<br>3233 SE MARICAMP ROAD<br>SUITE 601<br>OCALA, FL 34471 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                     | Mailing Address<br>P.O BOX 1476<br>OCALA, FL 34478 US        |                                                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                    |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                     | City & State                                                 |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | Country                                                                             |                                                              | 4. FEI Number<br>59-2852839                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                     |                                                              | Applied For<br>Not Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br>LEEWARD, JAMES K<br>1930 CLATTERBRIDGE RD<br>OCALA, FL 34471                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                     |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                     |                                                              | \$8.75 Additional Fee Required                                                                                    |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                     |                                                              |                                                                                                                   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                              | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                      |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                     |                                                              |                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STD<br>LEEWARD, DIRK J.<br>P.O. BOX 1476<br>OCALA, FL 344781476        | <input type="checkbox"/> Delete                                                     |                                                              |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>LEEWARD, JAMES K<br>1930 SE CLATTER BRIDGE RD<br>OCALA, FL 34471 | <input type="checkbox"/> Delete                                                     |                                                              |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>LEEWARD, KENT<br>P O BOX 1476<br>OCALA, FL 344781476              | <input type="checkbox"/> Delete                                                     |                                                              |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                     |                                                              |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                     |                                                              |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                     |                                                              |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                     |                                                              |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                     |                                                              |                                                                                                                   |  |
| 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. |                                                                        |                                                                                     |                                                              |                                                                                                                   |  |
| <b>SIGNATURE:</b> <i>By: [Signature]</i> <i>Pro: [Signature]</i> <i>3/25/08</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                                                     |                                                              |                                                                                                                   |  |

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