

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003065

**Entity Name:** LEEWARD ISLES II HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Feb 27, 2024**  
**Secretary of State**  
**6899872571CC**

**Current Principal Place of Business:**

10300 SUNSET DRIVE  
STE 230  
MIAMI, FL 33173

**Current Mailing Address:**

10300 SUNSET DRIVE  
STE 230  
MIAMI, FL 33173 US

**FEI Number:** 20-5519124

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSOCIATION LAW GROUP, PL  
1200 BRICKELL AVE.  
PH 2000  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PINDER, CHRISTINA  
Address        10300 SW 72ND STREET  
                  230  
City-State-Zip: MIAMI FL 33173

Title            SECRETARY  
Name            BULNES, STEPHANIE  
Address        10300 SW 72ND STREET  
                  230  
City-State-Zip: MIAMI FL 33173

Title            TREASURER  
Name            JIMENEZ, JENNIFER  
Address        10300 SW 72ND STREET  
                  230  
City-State-Zip: MIAMI FL 33173

Title            VP  
Name            D'AUVERGNE, MARK  
Address        10300 SW 72 ST  
                  SUITE 230  
City-State-Zip: MIAMI FL 33173

Title            DIRECTOR  
Name            BRAGA, RAQUEL  
Address        10300 SW 72 ST  
                  SUITE 230  
City-State-Zip: MIAMI FL 33173

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHRISTINA PINDER

**PRESIDENT**

**02/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date