

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**DOCUMENT # 728507**

1. Entity Name

EASTWIND CONDOMINIUM ASSOCIATION, INC.



**FILED  
May 01, 2006 8:00 am  
Secretary of State**

05-01-2006 90443 020 \*\*\*\*61.25



1st MOORE CR2E037 (10/05)

Principal Place of Business		Mailing Address	
370 WILMA CIRCLE #7 RIVIERA BEACH FL 33404 US		370 WILMA CIRCLE #7 RIVIERA BEACH FL 33404	
2. Principal Place of Business		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			
MILLER, DONALD W 370 WILMA CIRCLE #7 RIVIERA BEACH FL 33404			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL Zip Code			
7. Name and Address of New Registered Agent			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.  \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, DONALD W 370 WILMA CIRCLE #7 RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEINBERGER, MARK 108 HIDDEN HOLLOW DRIVE, #1 PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JESSE MICHAELS 370 WILMA CR #3 RIVIERA BEACH FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURROWS, DAVID P.O. BOX 14864 NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LINDA CHAMBERS 875 LIMOUSIN LANE THOMASVILLE GA 31792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDDAS, TOM 1844 ARDLEY ROAD NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEDGES, DAWN 108 HIDDEN HOLLOW DRIVE, #1 PALM BEACH GARDENS FL 33418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, CAROLE E 370 WILMA CIRCLE #7 RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06 (501)842 4008