
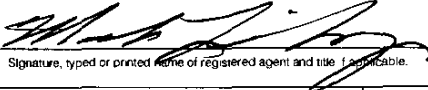
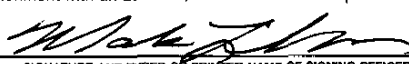


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90062 040 \*\*\*\*61.25

<b>DOCUMENT # 728507</b> 1. Entity Name EASTWIND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 370 WILMA CIRCLE #7 RIVIERA BEACH, FL 33404 US			Mailing Address 370 WILMA CIRCLE #7 RIVIERA BEACH, FL 33404 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 108 HIDDEN HOLLOW DR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State PALM BEACH GARDENS, FL		
Zip		Country		Zip 33418	
Country USA		4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MILLER, DONALD W 370 WILMA CIRCLE #7 RIVIERA BEACH, FL 33404			7. Name and Address of New Registered Agent Name MARK LEINBERGER Street Address (P.O. Box Number is Not Acceptable) 108 HIDDEN HOLLOW DR City PALM BEACH GARDENS FL Zip Code 33418		
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  <small>Signature, typed or printed name of registered agent and title (if applicable).</small>			DATE 4/12/07		
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, DONALD W 370 WILMA CIRCLE #7 RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARK LEINBERGER 108 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418	<input checked="" 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JESSIE MICHAELS 370 WILMA CIRCLE #2 RIVIERA BEACH, FL 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, LINDA 875 LIMOUSIN LN THOMASVILLE, GA 31792	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TOM HUDDAS 1844 ARDLEY RD JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDDAS, TOM 1844 ARDLEY ROAD NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWN HEDGES 108 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418	<input checked="" 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 checked="" 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, CAROL E 370 WILMA CIRCLE #7 RIVIERA BEACH, FL 33404	<input checked="" 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 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: 			MARK LEINBERGER 4/12/07 561-876-9810		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		