


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 728507 |  |
| 1. Entity Name EASTWIND CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 370 WILMA CIRCLE #7 RIVIERA BEACH, FL 33404 US | Mailing Address 108 HIDDEN PALM BEACH GARDENS, FL 33418 US |
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01242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent LEINBERGER, MARK 108 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000799470
01/30/08-80070-004 61.25

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LEINBERGER, MARK 108 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MICHELS, JESSIE 370 SILLMA CR #2 RIVIERA BEACH, FL 33404 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR HUDDAS, TOM 1844 PRALEY RD JUNO BEACH, FL 33408 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HEDGES, DAWN 108 HIDDEN HOLLOW DR PALM BEACH GARDENS, FL 33418 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK LEINBERGER 1/24/08 50
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day