2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N05000001322



Mar 19, 2007 8:00 am Secretary of State 03-19-2007 90094 030 ****70.00

FILED

LEEWARD SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.									
Principal Place of Business 4991 LEEWARD DRIVE 4051 G. BARRANCAS AVE PENSACOLA, FL 32507 4051 G. BARRANCAS AVE PMB#258 PENSACOLA, FL 32507-3482									
2. Principal Place of Business - No P.O. Box # 3. Ma 525 Downhaul DR.			Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			Chg-NP	CR2E03	7 (12/06)	
PENSA	cola FL	City & S	tate		4. FEI Number 55-0892				plied For t Applicable
Zip 32 5	Country	Zip		Country	5. Certificate of	of Status Desired		8.75 Addi ee Required	
	6. Name and Address of Cur	rrent Registered Ag	ent		7. Name and	Address of New R	egistered A	gent	
CICUEDD!	AC IIIAN E ECO			Name					
FIGUERRAS, JUAN E ESQ. 7050 SW 86TH AVENUE MIAMI, FL 33143			Street Address		ess (P.O. Box Number	r is Not Acceptable) 		
				City			FL	Zip Code	
	named entity submits this statemations of registered agent.	ent for the purpose o	f changing its re	gistered office or reg	gistered agent, or both	n, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered	l agent and title if applicable	(NOTE: A	legistered Agent eignature re	equired when reinstating)		DATE		
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2007 Trust Fund Contribut									
	_	9			\$5.00 May Be	, ,	ake check ida Depart		
	Due by May 1, 2007			ntribution.	Added to Fees	Flor	ida Depart	ment of St	ate
10.	Due by May 1, 2007 OFFICERS AN	ID DIRECTORS	Trust Fund Cor	ntribution.	Added to Fees	, ,	ida Depart	ECTORS IN	10
TILE	OFFICERS AN	ID DIRECTORS		11.	Added to Fees	Flor	ida Depart	ment of St	ate
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Inereby certify that the information supplied with this filling 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 ceth; 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.

ZVAN GARCA

SIGNATURE;

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

Director

3-9-07

(850) 525-1814