


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N05000001322	
1. Entity Name LEEWARD SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 525 DOWNHAUL DR PENSACOLA, FL 32507	Mailing Address 4051 G. BARRANCAS AVE PMB#258 PENSACOLA, FL 32507-3482
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04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0892541	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FIGUERRAS, JUAN E ESQ.
7050 SW 86TH AVENUE
MIAMI, FL 33143

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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LLAHUES, MANUEL R 3767 CARMEN CT. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, IVAN 411 GREVE ROAD PENSACOLA, FL 32507
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05/21/08-80137-006 70.00

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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:  **Ivan Garcia, Director April 24, 2008** (850) 525-1814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #