
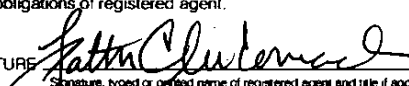
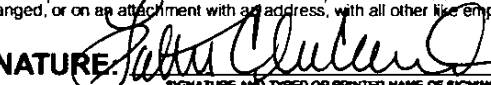


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 044 ****61.25

DOCUMENT # N07180 1. Entity Name LEEWARD COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10443 GULF BEACH HIGHWAY, #8 PENSACOLA, FL 32507-9103				Mailing Address 4974 VIZCAYA DR PENSACOLA, FL 32507 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 10443 Gulf Beach Hwy #7 Suite, Apt. #, etc.		04152007 Chg-NP CR2E037 (12/06)	
City & State Pensacola, FL		City & State Pensacola, FL		4. FEI Number NOT APPLICABLE	
Zip 32507		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POWELL, ELLA 4974 VIZCAYA DR PENSACOLA, FL 32507				7. Name and Address of New Registered Agent Name Pattie C. McCormack Street Address (P.O. Box Number is Not Acceptable) 10443 Gulf Beach Hwy #7 City Pensacola FL 32507	
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  DATE 15 Apr 07 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
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 VPD NAME STINE, PATTI STREET ADDRESS 4050 INDIGO DR #101 CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME MICHAEL STINE STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME PROVENCHER, TOM STREET ADDRESS 406 N PROSPECT AVE CITY-ST-ZIP PARK RIDGE, IL 60068	<input checked="" type="checkbox"/> Delete		TITLE PD NAME JACK THOMAS STREET ADDRESS 19360 WILLOWOOD RIDGE CITY-ST-ZIP ROLLINS, MT 59931	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME POWELL, ELLA STREET ADDRESS 3308 TILLER COURT CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Delete		TITLE STD NAME PATTIE MCCORMACK STREET ADDRESS 10443 GULF BEACH HWY #7 CITY-ST-ZIP PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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 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 			15 Apr 07 850-748-2711		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		