

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90064 048 ****61.25

DOCUMENT # N07180 1. Entity Name LEEWARD COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 10443 GULF BEACH HIGHWAY, #7 PENSACOLA, FL 32507-9103			Mailing Address 10443 GULF BEACH HIGHWAY, #7 PENSACOLA, FL 32507-9103 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		04072008 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORMACK, PATTIE C 10443 GULF BEACH HWY #7 PENSACOLA, FL 32507 SEC TREAS / DIRECTOR			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 7 April 2008		
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	
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	VPD STINE, MICHAEL 1060 INDIAN BAY HWY PENSACOLA, FL 32507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10443 GULF BEACH HWY #5 PENSACOLA, FL 32507	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, JACK 19360 WILDWOOD RIDGE ROLLINS, MT 59931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLIFFORD POWELL 10443 GULF BEACH HWY #8 PENSACOLA, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCCORMACK, PATTIE 10443 GULF BEACH HWY #7 PENSACOLA, FL 32507	<input type="checkbox"/> Delete	(Empty row for additions/changes)		
(Empty row for additions/changes)					
(Empty row for additions/changes)					
(Empty row for additions/changes)					
(Empty row for additions/changes)					
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 7/APR/08 <small>Date</small>		

858 442-0837 X
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