2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N07180

Entity Name: LEEWARD COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10443 GULF BEACH HIGHWAY, #7
PENSACOLA, FL 325079103

New Principal Place of Business:

Current Mailing Address:

10443 GULF BEACH HIGHWAY, #7
PENSACOLA, FL 325079103

New Mailing Address:

FEI Number: 59-3009471 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORMACK, PATTIE C
10443 GULF BEACH HWY #7
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: STINE, MICHAEL
Address: 10443 GULF BEACH HWY # 5
City-St-Zip: PENSACOLA, FL 32507

Title: STD ( ) Delete
Name: MCCORMACK, PATTIE
Address: 10443 GULF BEACH HWY #7
City-St-Zip: PENSACOLA, FL 32507

Title: PD ( ) Delete
Name: POWELL, CLIFFORD
Address: 10443 GULF BEACH HWY # 8
City-St-Zip: PENSACOLA, FL 32507

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: MCCORMACK, PATTIE
Address: 10443 GULF BEACH HWY # 7
City-St-Zip: PENSACOLA, FL 32507

Title: SD (X) Change ( ) Addition
Name: PROVENCHER, JOHN
Address: 4830 AUTUMN DR
City-St-Zip: PACE, FL 32571

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TR/O ( ) Change (X) Addition
Name: BLEDSOE, JUDITH
Address: 10443 GULF BEACH HWY #3
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTIE C. MCCORMACK VPD 05/20/2009

Electronic Signature of Signing Officer or Director — Date