


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90048 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N30204 1. Corporation Name LEEWARD CAY AT WINDSTAR HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4148A CORPORATE SQ NAPLES FL 34104 US			Mailing Address 4148A CORPORATE SQ NAPLES FL 34104 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/17/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Country		65-0108431	
24 Country		29 Zip		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEWELL, WILLIAM 4148A CORPORATE SQ NAPLES FL 34104				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAIMAN, BEVERLY	1.2 NAME	NAIMAN, Beverly
STREET ADDRESS	4751 YACHT HARBOR DR	1.3 STREET ADDRESS	4751 Yacht Harbor Drive
CITY-ST-ZIP	NAPLES FL 34104	1.4 CITY-ST-ZIP	Naples FL 34112
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDFIN, DIANE	2.2 NAME	Oldfin, Diane
STREET ADDRESS	4401 YACHT HARBOR DR	2.3 STREET ADDRESS	4401 Yacht Harbor Drive
CITY-ST-ZIP	NAPLES FL 34104	2.4 CITY-ST-ZIP	Naples FL 34112
TITLE	PB <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARFIELD, MAYNARD	3.2 NAME	Lona, Morris
STREET ADDRESS	4551 YACHT HARBOR DR	3.3 STREET ADDRESS	4473 Yacht Harbor Drive
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples FL 34112
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99
 Date

434-2227
 Daytime Phone #

CR2E037 (11/98)