2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30204

FILED Mar 13, 2007 Secretary of State

Entity Name: LEEWARD CAY AT WINDSTAR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

%NEWELL PROPERTY MANAGEMENT 5435 JAEGER RD. #4 NAPLES FL 34109

New Mailing Address: Current Mailing Address:

%NEWELL PROPERTY MANAGEMENT 5435 JAEGER RD. #4 NAPLES, FL 34109

FEI Number: 65-0108431 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NEWELL, WILLIAM 5435 JAEGER RD #4 NAPLES, FL 34109 US

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:

Name:

Title:

Title:

Name:

Address:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

GALLOIS, JOYCELYN

SCHONROCK, THOMAS

THOMPSON, STANLEY

NAPLES, FL 34112

NAPLES, FL 34112

4701 YACHT HARBOR DRIVE

4451 YACHT HARBOR DRIVE

4751 YACHT HARBOR DRIVE

(X) Change () Addition

(X) Change () Addition

(X) Change () Addition

() Delete MATTIELLO, WARREN Name: 4551 YACHT HARBOR DR Address: City-St-Zip: NAPLES, FL 34112

Title: VD () Delete SPENCE, MORTON Name: Address: 4773 YACHT HARBOR DRIVE

City-St-Zip: NAPLES, FL 34112

Title: STD () Delete LONG, MORRIS Name:

4473 YACHT HARBOR DRIVE Address:

City-St-Zip: NAPLES, FL 34112 City-St-Zip: NAPLES, FL 34112

I hereby certify that the information supplied with this filing does not qualify for the 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: JOYCELYN GALLOIS PD 03/13/2007