


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N35928 1. Entity Name LEEWARD WINDS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2860 OCEAN SHORE BLVD. ORMOND BEACH, FL 32176	Mailing Address 55 LONGWOOD DR ORMOND BEACH, FL 32176
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DO NOT WRITE IN THIS SPACE



03252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2990803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent A1A TAX & BOOKKEEPING, INC 55 LONGWOOD DR ORMOND BEACH, FL 32176
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COMESANA, ARMARD 2860 OCEAN SHORE BLVD #304 ORMOND BCH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CASTIGLIONE, MARTI 7381 VILAMUER RD WEST BLOOMFIELD, MI 48322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETERS, JOHN 29 HOOVER ST WILLIAMSPORT, PA 17701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROCKMAN, MARGARET 2860 OCEANSHORE BLVD. #206 ORMOND BCH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MONTANEZ, RALPH 1103 N. STERLING BLVD. STERLING, VA 20164
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

UDD0000362278
05/05/05-80111-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>	4/25/05 <small>Date</small>	<small>Daytime Phone #</small>
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