

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90100 026 \*\*\*\*61.25

**DOCUMENT # N35928**

1. Entity Name  
**LEEWARD WINDS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2860 OCEAN SHORE BLVD.  
ORMOND BEACH, FL 32176**

Mailing Address  
**55 LONGWOOD DR  
ORMOND BEACH, FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2990803**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**A1A TAX & BOOKKEEPING, INC  
55 LONGWOOD DR  
ORMOND BEACH, FL 32176**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME COMESANA, ARMARD  
STREET ADDRESS 2860 OCEAN SHORE BLVD #304  
CITY-ST-ZIP ORMOND BCH, FL 32176

TITLE VPD ☐ Delete  
NAME CASTIGLIONE, MARTI  
STREET ADDRESS 7381 VILAMUER RD  
CITY-ST-ZIP WEST BLOOMFIELD, MI 48322

TITLE D ☒ Delete  
NAME PETERS, JOHN  
STREET ADDRESS 29 HOOVER ST  
CITY-ST-ZIP WILLIAMSPORT, PA 17701

TITLE SD ☒ Delete  
NAME BROCKMAN, MARGARET  
STREET ADDRESS 2860 OCEANSHORE BLVD. #206  
CITY-ST-ZIP ORMOND BCH, FL 32176

TITLE TD ☐ Delete  
NAME MONTANEZ, RALPH  
STREET ADDRESS 1103 N. STERLING BLVD.  
CITY-ST-ZIP STERLING, VA 20164

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **secretary** ☐ Change ☒ Addition  
NAME **Marie Comesana**  
STREET ADDRESS **2860 Ocean Shore Blvd #304**  
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Ruth Pound**  
STREET ADDRESS **2860 Ocean Shore Blvd #407**  
CITY-ST-ZIP **Ormond Beach, FL 32176**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/06**

Date

Daytime Phone #