

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35928

FILED
Jul 10, 2008
Secretary of State

Entity Name: LEEWARD WINDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2860 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

PO BOX 1888
ORMOND BEACH, FL 32175

New Mailing Address:

FEI Number: 59-2990803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

A1A TAX & BOOKKEEPING, INC
1236A OCEAN SHORE BLVD
ORMOND BEACH, FL 32176 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COMESANA, ARMARD
Address: 2860 OCEAN SHORE BLVD #304
City-St-Zip: ORMOND BCH, FL 32176,

Title: VPD () Delete
Name: CASTIGLIONE, MARTI
Address: 7381 VILAMUER RD
City-St-Zip: WEST BLOOMFIELD, MI 48322

Title: D () Delete
Name: POUND, RUTH
Address: 2860 OCEAN SHORE BLVD 407
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD () Delete
Name: MONTANEZ, RALPH
Address: 1103 N. STERLING BLVD.
City-St-Zip: STERLING, VA 20164

Title: S () Delete
Name: COMESANA, MARIE
Address: 2860 OCEANSHORE BLVD 304
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ARDARD COMESANA

P

07/10/2008

Electronic Signature of Signing Officer or Director

Date