

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

'95 MAR -3 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **767169** (6)  
1. Corporation Name  
**LEEWARD CONDOMINIUM OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% CHARLES HACKER** **% CHARLES HACKER**  
**49 ALDEN AVE.** **49 ALDEN AVE.**  
**ATLANTA GA 30309-2006** **ATLANTA GA 30309-2006**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/24/1983</b>	3a. Date of Last Report <b>03/17/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent <b>FORRESTER, A.J.</b> <b>ROUTE 2, BOX 3460</b> <b>PT. WASHINGTON FL 32459</b>	10. Name and Address of New Registered Agent
	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<b>D</b>
NAME	<b>MCCAY, JOE</b>	12 NAME	<b>Billy Reeves</b>
STREET ADDRESS	<b>3605 WESTCHESTER CIR</b>	13 STREET ADDRESS	<b>3314 Loggers Place SW</b>
CITY - ST - ZIP	<b>BIRMINGHAM AL 32523</b>	14 CITY - ST - ZIP	<b>Decatur, AL 35603</b>
TITLE	<b>V</b>	21 TITLE	
NAME	<b>FORRESTER, ALICE</b>	22 NAME	
STREET ADDRESS	<b>ROUTE 2, BOX 3460</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>PT. WASHINGTON FL</b>	24 CITY - ST - ZIP	
TITLE	<b>S</b>	31 TITLE	
NAME	<b>O'NEAL, CAROL</b>	32 NAME	
STREET ADDRESS	<b>200 WHITNEY WAY</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>FAYETTEVILLE GA</b>	34 CITY - ST - ZIP	
TITLE	<b>T</b>	41 TITLE	
NAME	<b>HACKER, CHARLES</b>	42 NAME	
STREET ADDRESS	<b>49 ALDEN AVE.</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA 30309</b>	44 CITY - ST - ZIP	
TITLE	<b>D</b>	51 TITLE	
NAME	<b>HENDRIX, THOMAS</b>	52 NAME	
STREET ADDRESS	<b>303 CASELTON WAY</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>MARIETTA GA</b>	54 CITY - ST - ZIP	
TITLE	<b>D</b>	61 TITLE	
NAME	<b>SMITH, DAMON</b>	62 NAME	
STREET ADDRESS	<b>2124 JENNETTE ST</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32312</b>	64 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Charles J. Hacker **2/25/95** (404) 875-8421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Last Name First)