

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified **02/24/1983** 3a. Date of Last Report **03/03/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FORRESTER, A.J.
ROUTE 2, BOX 3460
PT. WASHINGTON FL 32459**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCCAY, JOE	
STREET ADDRESS	3605 WESTCHESTER CIR	
CITY-ST-ZIP	BIRMINGHAM AL 32523	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FORRESTER, ALICE	
STREET ADDRESS	ROUTE 2, BOX 3460	
CITY-ST-ZIP	PT. WASHINGTON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	O'NEAL, CAROL	
STREET ADDRESS	200 WHITNEY WAY	
CITY-ST-ZIP	FAYETTEVILLE GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HACKER, CHARLES	
STREET ADDRESS	49 ALDEN AVE.	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDRIX, THOMAS	
STREET ADDRESS	303 CASELTON WAY	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, DAMON	
STREET ADDRESS	2124 JENNETTE ST	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 617, 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* **Charles J. Hacker** 2/19/96 (404) 875-8421

CR2E037 (12/95)