

FILE NOW: FILING FEE IS \$61.25

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**Mar 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 767169 (6)
1. Corporation Name
LEEWARD CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business % CHARLES HACKER 49 ALDEN AVE. ATLANTA GA 30309-2006	Mailing Address % CHARLES HACKER 49 ALDEN AVE. ATLANTA GA 30309-2006
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3. Date Incorporated or Qualified
02/24/1983

4. FEI Number
NOT APPLICABLE

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**FORRESTER, A.J.
ROUTE 2, BOX 3480
PT. WASHINGTON FL 32450**

10. Name and Address of New Registered Agent

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

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 officer 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

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 3480
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* 2/16/98 (404)875-8421

CR2E037 (10/97)