

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90046 039 ****66.25

DOCUMENT # 767169

1. Entity Name

LEEWARD CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% CHARLES HACKER
 49 ALDEN AVE.
 ATLANTA GA 30309-2006

% CHARLES HACKER
 49 ALDEN AVE.
 ATLANTA GA 30309-2006

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

Charles Joe Hacker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/00 (404)875-8421
 Date Daytime Phone #

CR2E037 (9/99)