## **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 767169 1. Entity Name LEEWARD CONDOMINIUM OWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business % CHARLES HACKER % CHARLES HACKER 49 ALDEN AVE. 49 ALDEN AVE. ATLANTA GA 30309-2006 ATLANTA GA 30309-2006

## **FILED** Mar 14, 2001 8:00 am Secretary of State

03-14-2001 90503 014 \*\*\*\*61.25

\* 47 47 47 47 4



	Place of Business ANETTE ME CAY	3. Mailing Address 3605 Westch	ester C.		# <b>                                    </b>		EAN ENDIA NEPI
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	SPACE	
City & Stat		City & State	·	4. FEI Numbe	NOT APPLICABLE		plied For
Zip	ivgham, AL	Zip	Country		<del></del>	\$8.75 Add	ot Applicable
3522					or status Desired	Fee Require	
	6. Name and Address of Current F	Registered Agent	Name	7. Name and	Address of New Registered	Agent	
CORRECT	TD A I		Street A	ddress (P.O. Box Numbe	er is Not Acceptable)		
FORREST ROUTE 2	ER, A.J. , BOX 3460						
	HINGTON FL 32459						
			City		FL	Zip Cod	e 
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or	registered agent, or bot	th, in the state of Florida.		
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable (NOTE:	Registered Agent signatu	ure required when reinstating)	DATE		
·	Cognition, typed or printed retire or ragiotal od agent a	(14012.		are required whom remaking)		<del></del> -	
	FILE NOW:	9. Election Campaign	· -	\$5.00 May Be	Make Check F	ayable to	,
	FEE IS \$61.25	Trust Fund Contribu	tion.	Added to Fees	Department	of State	ļ
	00510550 4110 515	ECTORS		ADDITIONS (CLI	ANGED TO OFFICERS AND DU	DECTOR'S IN	10
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND DIF	RECTORS IN	10
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	P MCCAY, JOE			JEANETTE / 3405 Weste	Ne Cay thester Cik		
TITLE NAME	P		TITLE NAME	JEANETTE ! 3405 Weste Bham, Al	Ne CAY Hester Cir 135223		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**