

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90053 016 ****61.25

DOCUMENT # 767169

1. Entity Name

LEEWARD CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

**% JEANETTE MCCAY
 BIRMINGHAM AL 35223**

Mailing Address

**3605 WESTCHESTER CIR
 49 ALDEN AVE.
 ATLANTA GA 30309-2006**

Wrong

120303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

3605 Westchester Cir.

City & State

Bham, AL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

35223

Country

USA

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. CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	MCCAY, JEANETTE	
STREET ADDRESS	3605 WESTCHESTER CIR	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
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	D	<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		<input type="checkbox"/> Delete

TITLE	<i>President</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe McCay	
STREET ADDRESS	<i>3605 Westchester Cir.</i>	
CITY-ST-ZIP	<i>Bham, AL 35223</i>	
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		
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)(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:

Jeanette McCay **JEANETTE MCCAY** *4/22/02* **4/22/02 205-967-3701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)