2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 767169  1. Entity Name  LEEWARD CONDOMINIUM OWNERS ASSOCIATION, INC.							Feb 11, 2004 08:00 AM Secretary of State			
Principal Place of Business % JEANETTE MCCAY BIRMINGHAM AL 35223			Mailing Address 3605 WESTCHESTER CIR BIRMINGHAM AL 35223			-		# #### ###############################	HAN BIBN BIBN BIBN BIBN BIB	11 <b>181 81 1881</b>
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.					OORE CR2E	037 (11/03)	و دین په
City & State				City & State			4. FEI Number	NO-T APPLICABI	E No	plied For t Applicable
Ζip			Zip		Cot	5. Certificate of St			\$8.75 Add Fee Required	itional 1
·	6. Name	and Address of Current	Register	ed Agent		Name	7. Name and Add	dress of New Register	ed Agent	
FORRESTER, A.J. ROUTE 2, BOX 3460 PT. WASHINGTON FL 32459						Street Address	s (P.O. Box Number is	Not Acceptable)		
						City		F	EL Zip Code	9
	tions of regist	y submits this statement fored agent.  or printed name of registered agen				ed office or registi	- <u> </u>	the State of Florida. Ta		and accept
FILE NOW: FEE IS \$61.25 Due By May 1, 2004				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees		eck Payable partment of S	
10.		OFFICERS AND D	RECTORS	<u> </u>	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY -ST-ZIP		EANETTE TCHESTER CIR AM AL 35223		☐ Delete		1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORRESTE ROUTE 2, I PT. WASHI			□ Delete		1	02.	11000000047111 /12/04-80027-	□ Change 016 61.25	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S O'NEAL, C 200 WHITN FAYETTEV	EY WAY		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HACKER, ( 49 ALDEN ATLANTA	AVE.		☐ Delete		i			☐ Change	Addition
title Name Street address City+St-Zip	HENDRIX, 303 CASEL MARIETTA	TON WAY		☐ Delete	1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CFTY - ST- ZIP	1	DE FCHESTER CIR. AM AL 35223		☐ Deletæ		ı			Change	☐ Addition
indicated of the co	d on this repor	e information supplied wit t or supplemental report he receiver or trustee emp achment with an address,	s true and lowered to	i accurate and that r bexecute this report	ny signa as requi	ture shall have the	e same legal effect as	if made under oath, tha	at I am an officer	or director

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STRING OFFICER OR DIRECTOR DIRECTOR DISECTOR DISECTOR

FILED