

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 767169**

1. Entity Name  
**LEEWARD CONDOMINIUM OWNERS ASSOCIATION,  
INC.**



Principal Place of Business  
**% JEANETTE MCCAY  
BIRMINGHAM, AL 35223**

Mailing Address  
**3605 WESTCHESTER CIR  
BIRMINGHAM, AL 35223**

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
MCCAY, JEANETTE  
3605 WESTCHESTER CIR  
BIRMINGHAM, AL 35223**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
FORRESTER, ALICE  
ROUTE 2, BOX 3460  
PT. WASHINGTON, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
O'NEAL, CAROL  
200 WHITNEY WAY  
FAYETTEVILLE, GA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HACKER, CHARLES  
49 ALDEN AVE.  
ATLANTA, GA 30309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HENDRIX, THOMAS  
303 CASELTON WAY  
MARIETTA, GA**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MCCAY, JOE  
3605 WESTCHESTER CIR.  
BIRMINGHAM, AL 35223**

000000177047  
01/11/05-80021-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/05 205-967-3701  
Date Daytime Phone #