





2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90270 008 ****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 BIRMINGHAM, AL 35223			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		JEANETTE MCCAY		DATE 	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T and Secretary	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCAY, JEANETTE		NAME		
STREET ADDRESS	3605 WESTCHESTER CIR		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35223		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FORRESTER, ALICE		NAME		
STREET ADDRESS	ROUTE 2, BOX 3460		STREET ADDRESS		
CITY-ST-ZIP	PT. WASHINGTON, FL		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'NEAL, CAROL		NAME		
STREET ADDRESS	200 WHITNEY WAY		STREET ADDRESS		
CITY-ST-ZIP	FAYETTEVILLE, GA		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HACKER, CHARLES		NAME		
STREET ADDRESS	49 ALDEN AVE.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENDRIX, THOMAS		NAME		
STREET ADDRESS	303 CASELTON WAY		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCAY, JOE		NAME		
STREET ADDRESS	3605 WESTCHESTER CIR.		STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM, AL 35223		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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		Date 1/10/06 205-967-3701	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	