


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 767169 1. Entity Name LEEWARD CONDOMINIUM OWNERS ASSOCIATION, INC.	
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FILED
Sep 09, 2008 08:00 AM
 Secretary of State

Principal Place of Business % JEANETTE MCCAY BIRMINGHAM, AL 35223	Mailing Address 3605 WESTCHESTER CIR BIRMINGHAM, AL 35223
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09032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	TS
NAME	MCCAY, JEANETTE
STREET ADDRESS	3605 WESTCHESTER CIR
CITY-ST-ZIP	BIRMINGHAM, AL 35223
TITLE	P
NAME	FORRESTER, ALICE
STREET ADDRESS	ROUTE 2, BOX 3460
CITY-ST-ZIP	PT. WASHINGTON, FL
TITLE	D
NAME	HACKER, CHARLES
STREET ADDRESS	49 ALDEN AVE.
CITY-ST-ZIP	ATLANTA, GA 30309
TITLE	D
NAME	HENDRIX, THOMAS
STREET ADDRESS	303 CASELTON WAY
CITY-ST-ZIP	MARIETTA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 09/09/08-80002-021-61.25

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 9/4/08 205-967-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #