

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N05753 Entity Name LEEWARD AIR RANCH PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 3233 SE MARICAMP ROAD SUITE 601 OCALA, FL 34471 US	Mailing Address P.O BOX 1476 OCALA, FL 34478 US
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04112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2852839	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEEWARD, JAMES K
1930 CLATTERBRIDGE RD
OCALA, FL 34471

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

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	STD LEEWARD, DIRK J. P.O. BOX 1476 OCALA, FL 344781476
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEEWARD, JAMES K 1930 SE CLATTER BRIDGE RD OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEEWARD, KENT 9344 SW 32ND PLACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000532125
05/06/06-80073-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *By: [Signature] James Leeward 4/20/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #