


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90091 025 ****61.25

DOCUMENT # 758248 1. Entity Name THE LEEWARD/WINDWARD OWNERS ASSOCIATION, INC.					
Principal Place of Business 11212 FRONT BEACH RD PANAMA CITY BEACH, FL 32407 US			Mailing Address 11212 FRONT BEACH RD PANAMA CITY BEACH, FL 32407 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2198963	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLOAN, TIMOTHY J 427 MCKENZIE AVENUE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAHOUSE, EDMUND		NAME	Lahouse, Edmund	
STREET ADDRESS	225 SADDLE CREEK LN		STREET ADDRESS	225 Saddle Creek Ln	
CITY-ST-ZIP	ROSWELL, GA 30076		CITY-ST-ZIP	Roswell, Ga 30076	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORDINER, THOMAS V		NAME	Reichard, John	
STREET ADDRESS	853 FOUNTAINE VIEW DR		STREET ADDRESS	11208 Hutchison Blvd. #115	
CITY-ST-ZIP	DEERFIELD, IL 60015		CITY-ST-ZIP	Panama City Bch, FL 32407	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELDER, GAYLA		NAME	Zweig, Barry	
STREET ADDRESS	5060 OLD OAK TRACE		STREET ADDRESS	11757 Front Beach Rd # L506	
CITY-ST-ZIP	ROSWELL, GA 30075		CITY-ST-ZIP	Panama City Bch, FL 32407	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	PALETA, ROY		NAME		
STREET ADDRESS	313 LONGACRES LANE		STREET ADDRESS		
CITY-ST-ZIP	PALATINE, IL 60067		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>John E. Reichard</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>March 3, 2006</i> Daytime Phone #: <i>850 2335607</i>		