


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 | | | |
| Zip | Country | Zip | Country | 4. FEI Number NOT APPLICABLE | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 <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: <u><i>Jeanette McCay</i></u> <u><i>Jeanette McCay</i></u> <u><i>1/10/06</i></u> <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 | T <i>and Secretary</i> <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: <u><i>Jeanette McCay</i></u> <u><i>Jeanette McCay</i></u> <u><i>1/10/06</i></u> <u><i>205-967-3701</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |