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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36269

(1)

1. Corporation Name

LEEWARD II OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

DREAMLAND HEIGHTS. #D-2
P. O. BOX 4899
SEASIDE FL 32459

DREAMLAND HEIGHTS. #D-2
P. O. BOX 4899
SEASIDE FL 32459



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLINS, AUBREY L
HWY 30A
DREAMLAND HEIGHTS #D-2
SEASIDE FL 32459

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME LIGHT, JERRY M
STREET ADDRESS 700 PONDEROSA CT.
CITY-ST-ZIP FAYETTEVILLE GA

TITLE VD ☒ DELETE

NAME ALLUMS, BRENDA
STREET ADDRESS 300 DAILEYS PLANTATION CT
CITY-ST-ZIP MCDONOUGH GA

TITLE STD ☒ DELETE

NAME CASTLE, EUGENIA A.
STREET ADDRESS 4963 MOUNTCLAIRE RD.
CITY-ST-ZIP ST. MOUNTAIN GA

TITLE PD ☐ DELETE

NAME Mullins, Aubrey L.
STREET ADDRESS Dreamland Hgts #D2, Hwy 30A
CITY-ST-ZIP Seaside, FL 32459

TITLE VP ☐ DELETE

NAME Patricia Daniels
STREET ADDRESS Rt 2 Box 4950-6
CITY-ST-ZIP Santa Rosa Beach FL 32459

TITLE STD ☐ DELETE

NAME Hazel Bailin
STREET ADDRESS 3890 Wolf Crk Cir SW
CITY-ST-ZIP Atlanta Ga 30331

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Hazel Bailin Secretary Feb 1, 1996 404 349 3442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)