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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N36269

111

1. Corporation Name LEEWARD II OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address								
Principal Place of Business Mailing Address DREAMLAND HEIGHTS. #D-2 P. O. BOX 4899 P. O. BOX 4899 P. O. BOX 4899								
SEASIDE FL 32459	SEASIDE FL 32459	SEASIDE FL 32459		3. Date Incorporated or Qualified 3a.		Date of Last Report		
					01/24/1990		02/23/19	995
Principal Place of Business	2a. Mailing Address				4. FEI Number			oplied For
	26				NOT APPLICABLE			lot Applicabl
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required
City & State	City & State				6 Floating Company Financian			
City & State	28				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip Country	Zip	Cour	ntry		This corporation has liability for	r Intangible ta		
25	29	30	-		Florida Statutes	Yes 🔲		
9, Name and Address of Cu	irrent Registered Agent				10. Name and Address of New	Registered A	Agent	
			81 1	Name				
MULLINS, AUBREY L		}	82	Street Add	ress (P.O. Box Number is Not Accepta	able)	······································	
HWY 30A					SIESS (1.0. DOX HUTHOUT IS HOT NOCOPHEDIO)			
DREAMLAND HEIGHTS #D-2			83					
SEASIDE FL 32459		ŀ	84	City	- <u></u>	FL	85 Zip	Code
. Pursuant to the provisions of Sections 617. √ or registered agent, or both, in the State of familiar with, and accept the obligations of the section of	0502 and 617.1508, Florida Statu Florida. Such change was author Section 617.0503, Florida Statute	utes, the aborized by the c es.	ve-nar orpora	med corporation's boa	ration submits this statement for the p ird of directors. I hereby accept the ap	pointment as	registered	agent. I am
familiar with, and accept the obligations of, S GNATURE Signature typed or printed name of registered	Section 617.0503, Florida Statute	9S. NOTE: Registered			nd when reinstaling)	DATE		
Tamiliar with, and accept the obligations of, S GNATURE	Section 617.0503, Florida Statute lagent and title if applicable (6 6 AND DIRECTORS	NOTE: Registered	Agent s			DATE FFIÇERS AND	DIRECTO	RS IN 12
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SINATURE Signature typed or printed name of registered OFFICEFIS F PD LIGHT, JERRY M	Section 617.0503, Florida Statute lagent and title if applicable (6 6 AND DIRECTORS	95. NOTE: Registered 13. 1.1 Til 1.2 NA	Agent so LE ME		nd when reinstaling)	DATE FFIÇERS AND	DIRECTO	RS IN 12
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