

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 12 1997 8:00am  
Secretary of State

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1990

3a. Date of Last Report

02/28/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 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

N/A

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 MULLINS, AUBREY L  
STREET ADDRESS DREAMLAND HEIGHTS #D2 HWY 30A  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE VD ☒ DELETE

NAME DANIELS, PATRICIA L  
STREET ADDRESS RT 2 BOX 4950-6  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE STD ☒ DELETE

NAME BAILIN, HAZEL  
STREET ADDRESS 3890 WOLF CREEK CIR SW  
CITY-ST-ZIP ATLANTA GA 30331

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Gary McDaniel  
1.3 STREET ADDRESS 309 Carriage Lane  
1.4 CITY-ST-ZIP Alabaster, AL 35007

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Brenda Allums  
2.3 STREET ADDRESS 300 Dailey's Plantation Ct.  
2.4 CITY-ST-ZIP McDonough, GA 30253

3.1 TITLE S/T D ☒ Change ☐ Addition

3.2 NAME Jodi D. McDaniel  
3.3 STREET ADDRESS 309 Carriage Lane  
3.4 CITY-ST-ZIP Alabaster, AL 35007

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE REQUIRED

Signature

7.20.97

904-231-4299

CR2E037 (4/97)