

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005857

FILED  
Jan 24, 2006  
Secretary of State

**Entity Name:** LEEWARD KEY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2956 SCENIC GULF DR.  
DESTIN, FL 32550 US

**New Principal Place of Business:**

2936 SCENIC GULF DRIVE  
DESTIN, FL 32550 US

**Current Mailing Address:**

2956 SCENIC GULF DR.  
DESTIN, FL 32550 US

**New Mailing Address:**

2936 SCENIC GULF DRIVE  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 59-3638287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BLUE, ROB JR  
221 MCKENZIE AVE  
PANAMA CITY, FL US

**Name and Address of New Registered Agent:**

ARNOLD, E. THOMAS  
2936 SCENIC GULF DRIVE  
MIRAMAR BEACH, FL 32550 US

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.

SIGNATURE: E. THOMAS ARNOLD

01/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EVINS, LUKE  
Address: 3512 7TH AVE SOUTH  
City-St-Zip: BIRMINGHAM, AL 35222

Title: VPD ( ) Delete  
Name: THOMAS, ARNOLD E  
Address: 351 PFEIFFER ROAD, SUITE 100  
City-St-Zip: CINCINNATI, OH 45242

Title: ST ( ) Delete  
Name: ODOM, DAVID I  
Address: 310 PARKSIDE DR.  
City-St-Zip: SIMPSONVILLE, SC 29681

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ARNOLD, E. THOMAS  
Address: 5151 PFEIFFER ROAD, SUITE 100  
City-St-Zip: CINCINNATI, OH 45242

Title: VPD (X) Change ( ) Addition  
Name: WILSON, RICHARD  
Address: 2390 WESTPORT CIRCLE  
City-St-Zip: MARIETTA, GA 30064

Title: STD (X) Change ( ) Addition  
Name: ODOM, DAVID I  
Address: 310 PARKSIDE DR.  
City-St-Zip: SIMPSONVILLE, SC 29681

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. THOMAS ARNOLD

PRES

01/24/2006

Electronic Signature of Signing Officer or Director

Date