

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005857

FILED  
Jan 26, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2936 SCENIC GULF DRIVE  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

**Current Mailing Address:**

2936 SCENIC GULF DRIVE  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

**FEI Number:** 59-3638287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: SD ( ) Delete  
Name: FRYE, RHETT  
Address: 675 SOCIETY STREET  
City-St-Zip: ALPHARETTA, GA 30022

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

Title: PD (X) Change ( ) Addition  
Name: ARNOLD, E. THOMAS  
Address: 1254 HERSCHEL AVENUE  
City-St-Zip: CINCINNATI, OH 45208

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: ODOM, DAVID I  
Address: 40 BARNWOOD CIRCLE  
City-St-Zip: GREENVILLE, SC 39607

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

01/26/2009

Electronic Signature of Signing Officer or Director

Date