

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36269

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

**Current Principal Place of Business:**

627 EASTERN LAKE ROAD  
LEEWARD II  
SEAGROVE BEACH, FL 32459

**Current Mailing Address:**

ROBERT W COPPEDGE  
30 JASMINE CIRCLE  
SANTA ROSA BEACH, FL 32459-0454 US

**FEI Number:** 90-0539417

**Certificate of Status Desired:** No

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

COPPEDGE, ROBERT W  
30 JASMINE CIRCLE  
SANTA ROSA BEACH, FL 32459-0454 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name COPPEDGE, ROBERT W.  
Address 30 JASMINE CIRCLE  
City-State-Zip: SANTA ROSA BEACH FL 32459-0454

Title TREASURER  
Name COPPEDGE, BETH C.  
Address 30 JASMINE CIRCLE  
City-State-Zip: SANTA ROSA BEACH FL 32459-0454

Title DIRECTOR, SECRETARY  
Name WEEMS, ADAM MICHAEL  
Address 627 EASTERN LAKE ROAD  
UNIT # 4  
City-State-Zip: SEAGROVE BEACH FL 32459  
  
Title DIRECTOR, VP  
Name JOHNSON, LEANNE DAVIS  
Address 1715 SHAGBARK TRAIL  
City-State-Zip: MURFREESBORO TN 37130-1136

*I hereby 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 all other like empowered.*

**SIGNATURE:** BETH C, COPPEDGE

**TREASURER**

**01/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date