

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90196 037 ****70.00

DOCUMENT # N07669

1. Corporation Name

LUNA MANOR PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**1309 MANOR HOUSE DR.
TALLAHASSEE FL 32312**

Mailing Address

**1309 MANOR HOUSE DR
TALLAHASSEE FL 32312
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/15/1985

4. FEI Number

59-2529508

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

10. Name and Address of New Registered Agent

81 Name

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

PD **FRANK, BRUCE R** **DELETE**
STREET ADDRESS **1309 MANOR HOUSE DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

STD **FRANK, CHERYLL** **DELETE**
STREET ADDRESS **1309 MANOR HOUSE DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

VD **MCCORMICK, BLAINE** **DELETE**
STREET ADDRESS **1512 MANOR HOUSE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

VD **LAND, ROBERT** **DELETE**
STREET ADDRESS **10055 NEAMATHLA TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

VD **BISHOP, AL** **DELETE**
STREET ADDRESS **1369 MANOR HOUSE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Tom Gay
10075 Neamathla Trail
Tallahassee FL 32312

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Daniel Thomas
1433 Covey Ride
Tallahassee, FL 32312

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

893-8532

Daytime Phone #

CR2E037 (11/98)