

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90158 039 *****61.25

DOCUMENT # N07669

1. Entity Name
LUNA MANOR PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**1285 MANOR HOUSE DRIVE
TALLAHASSEE FL 32312**

Mailing Address
**6753 THOMASVILLE RD
PMB 130
TALLAHASSEE FL 32312
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2529508**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENNINGFIELD, DONNA
1285 MANOR HOUSE DRIVE
TALLAHASSEE FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **WEAVER, WAYNE**
STREET ADDRESS **1394 MANOR HOUSE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HOOVER, JOHN**
STREET ADDRESS **425 W. COVEY RIDE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BISHOP, AL**
STREET ADDRESS **1369 MANOR HOUSE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Change ☒ Addition
NAME **Frank Amidon**
STREET ADDRESS **10075 Covey Ride**
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **D** ☐ Delete
NAME **BASS, ALVIN**
STREET ADDRESS **1322 MANOR HOUSE DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **BENNINGFIELD, DONNA**
STREET ADDRESS **1285 MANOR HOUSE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donna Benningfield* **SIGNATURE REQUIRED** Donna Benningfield, Sec-Treas. 1/15/03 - 893-4900

CR2E037 (10/02)