

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767782

Entity Name: CONTINENTAL OAKS II HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3972 N. MONROE ST.
TALLAHASSEE, FL 32303**Current Mailing Address:**3972 N. MONROE ST.
TALLAHASSEE, FL 32303 US**FEI Number:** 59-2765557**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAYES, DANIEL
3972 N. MONROE ST.
TALLAHASSEE, FL 32303 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:** DANIEL HAYES

02/02/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|----------------------|
| Title | DIRECTOR |
| Name | POWERS, RICHARD |
| Address | 3972 N. MONROE ST. |
| City-State-Zip: | TALLAHASSEE FL 32303 |

| | |
|-----------------|----------------------|
| Title | SECRETARY |
| Name | HERRING, ANGELA |
| Address | 3972 N. MONROE ST. |
| City-State-Zip: | TALLAHASSEE FL 32303 |

| | |
|-----------------|----------------------|
| Title | TREASURER |
| Name | COUNCIL, IVORY |
| Address | 3972 N. MONROE ST. |
| City-State-Zip: | TALLAHASSEE FL 32303 |

| | |
|-----------------|----------------------|
| Title | MANAGER |
| Name | HAYES, DANIEL |
| Address | 3972 N. MONROE ST. |
| City-State-Zip: | TALLAHASSEE FL 32303 |

| | |
|-----------------|----------------------|
| Title | PRESIDENT |
| Name | MOLINA, LUIS |
| Address | 3972 N MONROE ST |
| City-State-Zip: | TALLAHASSEE FL 32303 |

| | |
|-----------------|----------------------|
| Title | VP |
| Name | TOLBERT IV, MIKHAIL |
| Address | 3972 N MONROE ST |
| City-State-Zip: | TALLAHASSEE FL 32303 |

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: DANIEL HAYES

MANAGER

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date