

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008733

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC2788726405**

**Entity Name:** LINZY MILL HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

POST OFFICE BOX 11143  
TALLAHASSEE, FL 32302

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

FLORIDA ASSOCIATION & PROPERTY MANAGEMENT  
2121 KILLARNEY WAY  
TALLAHASSEE, FL 32309 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 PD  
Name KALICKI, DAN  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title S/T  
Name CUTCHIN, ELMA  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32302

Title VP  
Name EMERSON, CHRIS  
Address POST OFFICE BOX 11143  
City-State-Zip: TALLAHASSEE FL 32309

*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: DAN KALICKI**

**P**

**04/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date