

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005468

FILED
Mar 24, 2021
Secretary of State
3595204167CC

Entity Name: LAKE CITY COLUMBIA COMMUNITY TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

971 W DUVAL STREET STE 150
LAKE CITY, FL 32055

Current Mailing Address:

971 W. DUVAL STREET,
SUITE 150
LAKE CITY, FL 32055 US

FEI Number: 47-4412838

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HUNTER, GLENN
971 W. DUVAL STREET ST., STE 150
LAKE CITY, FL 32055 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 ROBINSON, (DOLLY) MARY N
Address 392 NW OVERFLOW LAKE DRIVE
City-State-Zip: LAKE CITY FL 32055

Title VP, D
Name NULL, MIKE
Address 1249 SW RIDGE STREET
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR
Name HUNTER, GLENN
Address 1288 RIVERSIDE AVE.
City-State-Zip: FT. WHITE FL 32038

Title TD
Name HINKLE, JOE
Address 153 SW SHANNON STREET
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR
Name MOORE, TOM
Address 16511 JEWETT STREET
City-State-Zip: WHITE SPRINGS FL 32096

Title SD
Name LINDA WILLIAMS
Address 1999 S. MARION AVE.
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name MARCIA KAZMIERSKI
Address 600 NW CLUBVIEW CIRCLE
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name LAURA HUNTER-NULL
Address 1249 SW RIDGE STREET
City-State-Zip: LAKE CITY FL 32024

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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: DOLLY ROBINSON _____

LCCCTA PRESIDENT

03/24/2021

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LAURA HUNTER
Address 1288 RIVERSIDE AVE
City-State-Zip: FT. WHITE FL 32038

Title DIRECTOR
Name LIZA VIPLAV
Address 1361 SW SISTERS WELCOME ROAD
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name NELSON RIVERA
Address 1318 E CAMP STREET
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name O'NEAL, BRANDI DANIELS
Address 260 SW BARRS GLEN
City-State-Zip: LAKE CITY FL 32024

Title DIRECTOR
Name RICHARD JOHNSON
Address 151 SE BUTLER GLEN
City-State-Zip: LAKE CITY FL 32025

Title DIRECTOR
Name RECIE DAVIS
Address PO BOX 987
City-State-Zip: FT. WHITE FL 32038

Title DIRECTOR
Name VAN ALLER, BRIDGET
Address 13400 COUNTY ROAD 137
City-State-Zip: WELLBORN FL 32094

Title DIRECTOR
Name MANSBACH, MARK
Address 13763 92ND TERRACE
City-State-Zip: LIVE OAK FL 32060