

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005468

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

**FILED**  
**Mar 01, 2023**  
**Secretary of State**  
**8458726338CC**

**Current Principal Place of Business:**

971 W DUVAL STREET STE 183  
LAKE CITY, FL 32055

**Current Mailing Address:**

971 W. DUVAL STREET,  
SUITE 183  
LAKE CITY, FL 32055 US

**FEI Number: 47-4412838**

**Certificate of Status Desired: Yes**

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

ROBINSON, BRUCE  
582 W DUVAL STREET  
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: BRUCE ROBINSON**

**03/01/2023**

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

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

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

Title DIRECTOR  
Name VIPLAV, LIZA  
Address PO BOX 219  
City-State-Zip: LAKE CITY FL 32056-0219

Title DIRECTOR  
Name MANSBACH, MARK  
Address 341 NW NYE HUNTER DRIVE  
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR  
Name VIPLAV, ANJAN  
Address PO BOX 219  
City-State-Zip: LAKE CITY FL 32056-0219

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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) MARY N ROBINSON**

**PRESIDENT**

**03/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BELL, TARA  
Address        174 NW CLUBVIEW CIRCLE  
City-State-Zip: LAKE CITY FL 32055

Title           DIRECTOR  
Name           CARTER, DEBBI  
Address        PO BOX 580  
City-State-Zip: LIVE OAK FL 32064