

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000005468

**FILED**  
**Apr 06, 2018**  
**Secretary of State**  
**CC2599501972**

**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 VPD  
Name LEAR, JOHN  
Address 106 NW LIVE OAK PLACE  
City-State-Zip: LAKE CITY FL 32055

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

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

Title DIRECTOR  
Name MONTGOMERY , JAMES  
Address 229 SE OLD MANSE GLEN  
City-State-Zip: LAKE CITY FL 32025

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

**Continues on page 2**

*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/DIRECTOR**

**04/06/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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 LAURA HUNTER-NULL  
Address 1249 SW RIDGE STREET  
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