

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000000068

Entity Name: LOT 4, LONNBLADH PLACE OFFICE CONDOMINIUM, INC.**Current Principal Place of Business:**644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 13089
TALLAHASSEE, FL 32317**FEI Number: 84-4230966****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCKEE, KAYLA
644 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32301 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 | DIR |
| Name | STANLEY, GAYLENE |
| Address | PO BOX 13089 |
| City-State-Zip: | TALLAHASSEE FL 32317 |

| | |
|-----------------|----------------------|
| Title | DIR |
| Name | ROSENBAUM, BRICK |
| Address | PO BOX 13089 |
| City-State-Zip: | TALLAHASSEE FL 32317 |

| | |
|-----------------|----------------------|
| Title | DIR |
| Name | LOHRENGEL, PETER |
| Address | PO BOX 13089 |
| City-State-Zip: | TALLAHASSEE FL 32317 |

| | |
|-----------------|----------------------|
| Title | DIR |
| Name | MUNROE, LISA |
| Address | PO BOX 13089 |
| City-State-Zip: | TALLAHASSEE FL 31317 |

| | |
|-----------------|-----------------------|
| Title | MANAGING AGENT |
| Name | MCKEE, KAYLA |
| Address | 644 CAPITAL CIRCLE NE |
| City-State-Zip: | TALLAHASSEE FL 32301 |

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: KAYLA MCKEE**MANAGING AGENT****06/24/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date