

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000003076

**Entity Name:** LEESBURG PARTNERSHIP, INC.

**Current Principal Place of Business:**

401 WEST MAGNOLIA STREET  
LEESBURG, FL 34748

**Current Mailing Address:**

401 WEST MAGNOLIA ST.  
LEESBURG, FL 34748 US

**FEI Number:** 59-3255632

**Certificate of Status Desired:** No

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

SMALLEY, JOANIE  
WILLIAMS, SMITH AND SUMMERS, P.A.  
380 WEST ALFRED STREET  
TAVARES, FL 32778-3298 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:** JOANIE SMALLEY

02/22/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name WILLIAMS, LENA  
Address PO BOX 490043  
City-State-Zip: LEESBURG FL 34749-0043

Title P  
Name BOLIEK, ROBERT  
Address 401 WEST MAGNOLIA STREET  
City-State-Zip: LEESBURG FL 34748

Title V  
Name WETTSTEIN, AMANDA  
Address 401 W. MAGNOLIA STREET  
City-State-Zip: LEESBURG FL 34748

Title TREASURER  
Name WINKER, LYNNE  
Address 401 WEST MAGNOLIA ST.  
City-State-Zip: LEESBURG FL 34748

Title AR  
Name SMALLEY, JOANIE  
Address 401 W MAGNOLIA ST.  
City-State-Zip: LEESBURG FL 34748

Title S  
Name FALANGA, CINDI  
Address 401 WEST MAGNOLIA ST.  
City-State-Zip: LEESBURG FL 34748

*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:** JOANIE SMALLEY

**DIRECTOR**

02/22/2022

Electronic Signature of Signing Officer/Director Detail

Date