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

DOCUMENT# N98000005863

Entity Name: LEESBURG PARTNERSHIP II, 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: 59-3635358 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMALLEY, JOANIE 401 W MAGNOLIA ST LEESBURG, FL 34748 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 01/19/2023

Electronic Signature of Registered Agent

Date

FILED Jan 19, 2023

**Secretary of State** 

2423649029CC

## Officer/Director Detail:

Title	PAST PRESIDENT	Title	PRESIDENT
Name	BOLIEK, ROBERT JR	Name	WETTSTEIN, AMANDA
Address	401 WEST MAGNOLIA STREET	Address	401 W MAGNOLIA ST
City-State-Zip:	LEESBURG FL 34748	City-State-Zip:	LEESBURG FL 34748
		T:4	4.5

Title VP Title AR

NameWINKER, LYNNENameSMALLEY, JOANIEAddress401 WEST MAGNOLIA ST.Address401 W. MAGNOLIA STCity-State-Zip:LEESBURG FL 34748City-State-Zip:LEESBURG FL 34748

Title TREASURER Title SECRETARY

NameFALANGA, CINDINameJOHNSON, LYNDSIAddress401 W MAGNOLIA STAddress401 W MAGNOLIA STCity-State-Zip:LEESBURG FL 34748City-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.

Electronic Signature of Signing Officer/Director Detail