

**2014 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:**

PO BOX 490043  
LEESBURG, FL 34749-0043 US

**FEI Number:** 59-3635358

**Certificate of Status Desired:** No

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

SHIPES, JOE W.  
401 WEST MAGNOLIA STREET  
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:** JOE W. SHIPES

01/29/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            THORPE, GREGORY C.  
Address        9115 SILVER LAKE DRIVE  
City-State-Zip: LEESBURG FL 34788-3409

Title            TREASURER  
Name            REDISKE, JAMES A.  
Address        914 WEST MAIN STREET  
City-State-Zip: LEESBURG FL 34748

Title            VP  
Name            HUEY, JOYCE R.  
Address        805 WASHINGTON AVENUE  
City-State-Zip: LEESBURG FL 34748

Title            SECRETARY  
Name            BERRY, J. SCOTT  
Address        214 W. MAIN STREET  
City-State-Zip: LEESBURG FL 34748

Title            EXECUTIVE DIRECTOR  
Name            SHIPES, JOE W.  
Address        475 GUERRANT STREET  
City-State-Zip: UMATILLA FL 32784

*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:** JOE W. SHIPES

EXECUTIVE DIRECTOR

01/29/2014

Electronic Signature of Signing Officer/Director Detail

Date