

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005863

**FILED**  
**Mar 13, 2013**  
**Secretary of State**  
**CC0622330631**

**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:** Yes

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

KNOWLES, STEPHEN PRES  
600 EAST DIXIE AVENUE  
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:** STEPHEN KNOWLES

03/13/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name KNOWLES, STEPHEN PRES  
Address 903 WEST NORTH BOULEVARD  
City-State-Zip: LEESBURG FL 34748

Title D/S  
Name REDISKE, JAMES SECR  
Address 914 WEST MAIN STREET  
City-State-Zip: LEESBURG FL 34748

Title D/VP  
Name THORPE, GREGORY V-PRES  
Address PO BOX 490861  
City-State-Zip: LEESBURG FL 34749

Title D/T  
Name HUEY, JOYCE TREAS  
Address 414 WEST MAIN STREET  
City-State-Zip: LEESBURG FL 34748

Title D/PP  
Name BRAUN, PHILIP P-PRES  
Address 600 EAST DIXIE AVENUE  
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:** STEPHEN KNOWLES

**PRESIDENT**

03/13/2013

Electronic Signature of Signing Officer/Director Detail

Date