

**2020 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: Yes****Name and Address of Current Registered Agent:**WILLIAMS, ROBERT Q ESQUIRE  
380 WEST ALFRED STREET  
TAVARES, FL 32778 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****01/07/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           STOKES, SANDY  
Address        1035 W DIXIE AVENUE  
City-State-Zip: LEESBURG FL 34748

Title            PAST PRESIDENT  
Name           HAMILTON, WYLIE  
Address        429 CRESTRUN LOOP  
City-State-Zip: LEESBURG FL 34748

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

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

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

Title            SECRETARY  
Name           WETTSTEIN, AMANDA  
Address        401 W 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: JOE SHIPES****CEO****01/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date