

**2016 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

03/02/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name HAMILTON, WILEY  
Address 429 CRESTRUN LOOP  
City-State-Zip: LEESBURG FL 34748

Title TREASURER  
Name WOOD, CHRISTOPHER B  
Address 503 LAKESHORE DRIVE  
City-State-Zip: LEESBURG FL 34748

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

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

Title CEO  
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

CEO

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date