

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90091 005 \*\*\*\*61.25

DOCUMENT # N05000010046

1. Entity Name  
LEE HILLS CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business  
212 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301

Mailing Address  
212 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

COGGINS, ROBERT W  
212 OFFICE PLAZA DRIVE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert W Coggins  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/8/08  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME COGGINS, ROBERT W  
STREET ADDRESS 212 OFFICE PLAZA DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE DVP  
NAME SYFRETT, TOM  
STREET ADDRESS 212 OFFICE PLAZA DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE DST  
NAME SYFRETT, KATHY  
STREET ADDRESS 212 OFFICE PLAZA DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen Syfrett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathleen Syfrett

Date

Daytime Phone #

1/8/08 850.942.0038