

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19277 (5)
1. Corporation Name
LIPONA BLUFF II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
P.O. BOX 20614 TALLAHASSEE FL 32316-0614

3. Date Incorporated or Qualified **02/17/1987** 3a. Date of Last Report **09/18/1995**
4. FEI Number **59-2877890** Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

TONNER, LISA (M) E
913 BRAVE TRAIL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TONNER, LISA	
STREET ADDRESS	913 BRAVE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FAIR, CATHERINE	
STREET ADDRESS	912 BRAVE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORBETT, LISA	
STREET ADDRESS	914 BRAVE TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TONNER, LISA	
1.3 STREET ADDRESS	913 BRAVE TRAIL	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	500001740735	
2.4 CITY-ST-ZIP	-03/13/96--01019--004	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	***61.25	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WERB, HEATHER	
4.3 STREET ADDRESS	903 BRAVE TRAIL	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FAIR III, CLARENCE	
5.3 STREET ADDRESS	912 BRAVE TRAIL	
5.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Lisa Tonner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

575 6470
Daytime Phone #

CR2E037 (12/95)