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FILED
Jun 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 P.O. BOX 20614
TALLAHASSEE FL 32316-0614 TALLAHASSEE FL 32316-0614

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1987		3a. Date of Last Report 03/12/1996	
21		26		4. FEI Number 59-2877890		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

TONNER, LISA E
913 BRAVE TRAIL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name CORBETT, LISA
82 Street Address (P.O. Box Number is Not Acceptable)
83 914 BRAVE TRAIL
84 City TALLAHASSEE FL 85 Zip Code 32304

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 *Lisa Corbett*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONNER, LISA	1.2 NAME	MERRIX, RONALD
STREET ADDRESS	913 BRAVE TRAIL	1.3 STREET ADDRESS	904 BRAVE TRAIL
CITY-ST-ZIP	TALLAHASSEE FL 32304	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32304
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, CATHERINE	2.2 NAME	
STREET ADDRESS	912 BRAVE TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBETT, LISA	3.2 NAME	
STREET ADDRESS	914 BRAVE TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERB, HEATHER	4.2 NAME	
STREET ADDRESS	903 BRAVE TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, CLARENCE III	5.2 NAME	
STREET ADDRESS	912 BRAVE TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32304	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	HALL, ANGELA
STREET ADDRESS		6.3 STREET ADDRESS	915 BRAVE TRAIL
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TALLAHASSEE FL 32304

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

CR2E037 (9/96)