

FILE NOW: FILING FEE IS \$61.25

Winc

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
P.O. BOX 20614
TALLAHASSEE FL 32316-0614

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

3. Date Incorporated or Qualified 02/17/1987	
4. FEI Number 59-2877890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CORBETT, LISA
914 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
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

Lisa Corbett

(NOTE: Registered Agent signature required when reappointing)

2/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRIX, RONALD	1.2 NAME	
STREET ADDRESS	904 BRAVE TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	T	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	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	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	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	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ANGELA	6.2 NAME	
STREET ADDRESS	915 BRAVE TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE:

Heather Werb

2/13/98

574 3451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)