

FILE NOW: FILING FEE IS \$61.25

WINC

FILED  
Mar 03 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

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



|  |  |
|--|--|
| Principal Place of Business<br><b>P.O. BOX 20614<br/>TALLAHASSEE FL 32316-0614</b> | Mailing Address<br><b>P.O. BOX 20614<br/>TALLAHASSEE FL 32316-0614</b> |
|--|--|

|  |   |  |
|--|---|--|
| 3. Date Incorporated or Qualified<br><b>02/17/1987</b> |   |  |
| 4. FEI Number<br><b>59-2877890</b>                     | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |

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

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b> |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>    |
| 7. Is this nonprofit corporation a homeowners association?<br><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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

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* DATE: **2/13/98**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>VD</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>MERRIX, RONALD</b>       |                                 |
| STREET ADDRESS | <b>904 BRAVE TRAIL</b>      |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>       |                                 |
| TITLE          | <b>T</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>FAIR, CATHERINE</b>      |                                 |
| STREET ADDRESS | <b>912 BRAVE TRAIL</b>      |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32304</b> |                                 |
| TITLE          | <b>S</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>CORBETT, LISA</b>        |                                 |
| STREET ADDRESS | <b>914 BRAVE TRAIL</b>      |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32304</b> |                                 |
| TITLE          | <b>PD</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>WERB, HEATHER</b>        |                                 |
| STREET ADDRESS | <b>903 BRAVE TRAIL</b>      |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32304</b> |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>FAIR, CLARENCE III</b>   |                                 |
| STREET ADDRESS | <b>912 BRAVE TRAIL</b>      |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL 32304</b> |                                 |
| TITLE          | <b>D</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>HALL, ANGELA</b>         |                                 |
| STREET ADDRESS | <b>915 BRAVE TRAIL</b>      |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 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 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* DATE: **2/13/98** DAYTIME PHONE #: **574 3451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)