


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90029 034 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19277**

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/17/1987 4. FEI Number 59-2877890 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
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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 **LEE NETTLES**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **903 Tomahawk Court**  
 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   
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-30-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, CATHERINE	2.2 NAME	<b>MANASA, KATIE</b>
STREET ADDRESS	912 BRAVE TRAIL	2.3 STREET ADDRESS	<b>917 BRAVE TRAIL</b>
CITY-ST-ZIP	TALLAHASSEE FL 32304	2.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBETT, LISA	3.2 NAME	<b>DAIRE, ANDREW</b>
STREET ADDRESS	914 BRAVE TRAIL	3.3 STREET ADDRESS	<b>911 BALD EAGLE RUN</b>
CITY-ST-ZIP	TALLAHASSEE FL 32304	3.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERB, HEATHER	4.2 NAME	<b>NETTLES, LEE</b>
STREET ADDRESS	903 BRAVE TRAIL	4.3 STREET ADDRESS	<b>903 TOMAHAWK COURT</b>
CITY-ST-ZIP	TALLAHASSEE FL 32304	4.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIR, CLARENCE III	5.2 NAME	<b>FRANKLAND, DUANE</b>
STREET ADDRESS	912 BRAVE TRAIL	5.3 STREET ADDRESS	<b>906 BRAVE TRAIL</b>
CITY-ST-ZIP	TALLAHASSEE FL 32304	5.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>
TITLE	O <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, ANGELA	6.2 NAME	<b>O'DONNILEY, BRIAN</b>
STREET ADDRESS	915 BRAVE TRAIL	6.3 STREET ADDRESS	<b>915 BRAVE TRAIL</b>
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	<b>TALLAHASSEE, FL 32304</b>

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, with all other like empowered.

SIGNATURE:

 **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-99**

Date

**574-9916**

Daytime Phone #

CR2E037 (11/98)