

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 JAN 10 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name *Lipona Bluff II Homeowners Association*
N19277

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 2282

Suite, Apt. #, etc.

NIA

City & State

Tallahassee, FL

Zip

32316

Country

USA

3. Mailing Address

PO Box 2282

Suite, Apt. #, etc.

NIA

City & State

Tallahassee, FL

Zip

32316

Country

USA

4. FEI Number

59-2877890

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

LEE NEHLES, President

Street Address (P.O. Box Number is Not Acceptable)

903 Tomahawk Court

City

Tallahassee

FL

Zip Code

32304

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

850 591 1565

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE *P/D*
NAME *LEE NEHLES*
STREET ADDRESS *903 Tomahawk Court*
CITY - ST - ZIP *Tallahassee, FL 32304*

TITLE *T/S/D*
NAME *Victoria O'Sullivan*
STREET ADDRESS *1926 Tomahawk TR*
CITY - ST - ZIP *Tallahassee, FL 32304*

TITLE *D*
NAME *Michael O'Sullivan*
STREET ADDRESS *1926 Tomahawk TR*
CITY - ST - ZIP *Tallahassee, FL 32304*

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12. 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 report or supplemental 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 10 or on an attachment with an address, with an office or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02

DATE

850 591 1565

DAYTIME PHONE #

CR2037B (12/01)