

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N19277

1. Entity Name
LIPONA BLUFF II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
P.O. BOX 2282
TALLAHASSEE, FL 32316

Mailing Address
P.O. BOX 2282
TALLAHASSEE, FL 32316



01282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2877890

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NETTLES, LEE
903 TOMAHAWK COURT
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/10/04

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NETTLES, DONALD L.
STREET ADDRESS 3049 RAIN VALLEY CIRCLE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VD
NAME WHEELER, MATT
STREET ADDRESS 901 TOMAHAWK CT.
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE SD
NAME DOLBEE, DAWN
STREET ADDRESS 914 BRAVE TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE TD
NAME SARGENT, ANTHONY
STREET ADDRESS 914 BRAVE TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000047090
02/12/04-80026-024 70.00

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/04 850 945-4002