

FILED
Mar 03, 2003 8:00 am
Secretary of State

02-11-2003 90072 038 ****70.00

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 → 3049 Rain Valley Circle
TALLAHASSEE FL 32304 32308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NETTLES, LEE	
STREET ADDRESS	903 TOMAHAWK COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	O'SULLIVAN, VICTORIA	
STREET ADDRESS	1926 TOMAHAWK TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'SULLIVAN, MICHAEL	
STREET ADDRESS	1926 TOMAHAWK TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donald Lee Nettles	
STREET ADDRESS	3049 Rain Valley Circle	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Matt Wheeler	
STREET ADDRESS	901 Tomahawk Ct	
CITY-ST-ZIP	32304	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dawn Dolbee	
STREET ADDRESS	914 Brave Trail	
CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony Sargent	
STREET ADDRESS	914 Brave Trail	
CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Donald Lee Nettles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 445-4002

CR2E037 (10/02)