

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715442

Entity Name: COMMUNITY COUNCIL OF LEHIGH ACRES FLORIDA, INC.**Current Principal Place of Business:**15 HOMESTEAD ROAD S
LEHIGH ACRES, FL 33936**Current Mailing Address:**P.O. BOX 725
LEHIGH ACRES, FL 33970 US**FEI Number:** 04-3597328**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EDWARDS, CHARLES
1613 MCARTHUR AVE
LEHIGH ACRES, FL 33972 US*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:** CHARLES EDWARDS

03/06/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ANGLICKIS, RICK
Address P.O.BOX 725
City-State-Zip: LEHIGH ACRES FL 33970

Title TRES
Name EDWARDS, CHARLES
Address P.O. BOX 725
City-State-Zip: LEHIGH ACRES FL 33970

Title 2ND VICE PRESIDENT
Name YASIN, MOHAMED
Address PO BOX 725
City-State-Zip: LEHIGH ACRES FL 33970

Title RECORDING SECRETARY
Name TURRILL, DIANE
Address P.O.BOX 725
City-State-Zip: LEHIGH ACRES FL 33970

Title 1ST VICE PRESIDENT
Name CUNNINGHAM, JOAN
Address P.O. BOX 725
City-State-Zip: LEHIGH ACRES FL 33970

Title CORRESPONDING SECRETARY
Name ZAGROSSI, DIANE
Address P.O. BOX 725
City-State-Zip: LEHIGH ACRES FL 33970

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES EDWARDS

TREASURER

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date