

**2015 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:**SHELOR, DAMON  
2212 EAST 6TH STREET  
LEHIGH ACRES, FL 33936 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:** DAMON SHELOR

01/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN
Name	BAKER, TAMI
Address	2802 LEE BLVD #2
City-State-Zip:	LEHIGH ACRES FL 33936

Title	PRESIDENT
Name	YASIN, MOHAMED
Address	3312 14TH ST. W
City-State-Zip:	LEHIGH ACRES FL 33971

Title	TRES
Name	SHELOR, DAMON
Address	15 HOMESTEAD ROAD S
City-State-Zip:	LEHIGH ACRES FL 33936

Title	VP
Name	STERNOWSKI, LAURIE
Address	PO BOX 725
City-State-Zip:	LEHIGH ACRES FL 33970

Title	VP
Name	HALL, ORVILLE
Address	4003 2ND ST. SW
City-State-Zip:	LEHIGH ACRES FL 33976

Title	SECRETARY
Name	LYNCH, MELINDA
Address	PO BOX 725
City-State-Zip:	LEHIGH ACRES FL 33970

Title	CORRESPONDING SECRETARY
Name	GREEN, DEWITT
Address	3102 E. 13TH ST
City-State-Zip:	LEHIGH ACRES FL 33972

*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:** DAMON SHELOR**TREASURER**

01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date