

**2014 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:**

KREGER, JIM  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title 2-VP  
Name YASIN, MOHAMED  
Address 3312 14TH ST. W  
City-State-Zip: LEHIGH ACRES FL 33971

Title RSEC  
Name STERNOWSKI, LAURIE  
Address 2507 10ST. W  
City-State-Zip: LEHIGH ACRES FL 33971

Title 1-VP  
Name ADAMS, ANDREA  
Address 506 E 3RD. ST.  
City-State-Zip: LEHIGH ACRES FL 33936

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

*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**

**01/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date