

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000001887

**Entity Name:** LEE COUNTY ASSOCIATION FOR WOMEN LAWYERS, INC.**Current Principal Place of Business:**1715 MONROE STREET  
FORT MYERS, FL 33901**Current Mailing Address:**1715 MONROE STREET  
FORT MYERS, FL 33901 US**FEI Number:** 20-8522376**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICHMOND, KAYLA  
1715 MONROE STREET  
FORT MYERS, FL 33901 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:** KAYLA RICHMOND

08/05/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DANIELS, THERSA  
Address PO BOX 2366  
City-State-Zip: FORT MYERS FL 33902

Title VP, DIRECTOR  
Name SINANI, LIRIDONA  
Address 3701 DEL PRADO BLVD S  
City-State-Zip: CAPE CORAL FL 33904

Title SECRETARY, DIRECTOR  
Name RICHMOND, KAYLA  
Address 1715 MONROE STREET  
City-State-Zip: FORT MYERS FL 33901

Title PRESIDENT, DIRECTOR  
Name SPECTOR, SARAH E  
Address 12140 CARISSA COMMERCE COURT  
SUITE 200  
City-State-Zip: FORT MYERS FL 33966

Title TREASURER, DIRECTOR  
Name JEZIK, DIANA D  
Address 4020 EVANS AVENUE  
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR  
Name SCOTT, KRISTIE  
Address 12140 CARISSA COMMERCE COUR  
200  
City-State-Zip: FORT MYERS FL 33966

*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:** KAYLA E. RICHMOND**SECRETARY**

08/05/2015

Electronic Signature of Signing Officer/Director Detail

Date