

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2018

**Secretary of State
CC4488460611**

DOCUMENT# N12000003462

Entity Name: THE FOSSIL CLUB OF LEE COUNTY, INC.

Current Principal Place of Business:

3584 MIDDLETOWN ST.
PORT CHARLOTTE, FL 33952

Current Mailing Address:

3584 MIDDLETOWN ST.
PORT CHARLOTTE, FL 33952 US

FEI Number: 90-0983825

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WICKER, JOHN M ESQ
12670 NEW BRITTANY BLVD STE 101
FORT MYERS, FL 33907 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 DVP
Name STIEFFEL, LESLIE
Address 626 SW 12TH ST
City-State-Zip: CAPE CORAL FL 33991

Title DP
Name STIEFFEL, LOUIS
Address 626 SW 12TH STREET
City-State-Zip: CAPE CORAL FL 33991

Title DST
Name GOVIN, ALBERT
Address 3584 MIDDLETOWN ST.
City-State-Zip: PORT CHARLOTTE FL 33952

Title D
Name HART, DEAN
Address 23091 ELMIRA BOULEVARD
City-State-Zip: PORT CHARLOTTE FL 33980

Title DIRECTOR
Name TARASKA, JOHN
Address 156 E. NORTSHORE
City-State-Zip: NORT FORT MYERS FL 33917

Title DIRECTOR
Name SEEHAVER, DAVE
Address 7342 POPHAM DR
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR
Name SEEHAVER, JEANNE
Address 7342 POPHAM DRIVE
City-State-Zip: FORT MYERS FL 33919

Title DIRECTOR
Name MANDERFIELD, JAMES
Address 3108 11TH STREET WEST
City-State-Zip: LEHIGH ACRES FL 33971

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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: GOVIN , ALBERT

SECRETARY

04/17/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILLIS, TRAVIS
Address 12614 RIVER RD.
City-State-Zip: FORT MYERS FL 33905