

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000006979

Entity Name: SOUTH LAKE WOMEN'S COUNCIL OF REALTORS, INC.**Current Principal Place of Business:**SOUTH LAKE WOMEN'S COUNCIL OF REALTORS
16903 LAKESIDE DRIVE, SUITE 6
MONTVERDE, FL 34756**Current Mailing Address:**PO BOX 120445
CLERMONT, FL 34712**FEI Number:** 81-3321833**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STALLONE, MARY
16903 LAKESIDE DRIVE SUITE 6
MONTVERDE, FL 34756 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:** MARY STALLONE

04/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title P
Name STALLONE, MARY
Address PO BOX 120445
City-State-Zip: CLERMONT FL 34712Title P EL
Name POILLION, MARY
Address PO BOX 120445
City-State-Zip: CLERMONT FL 34712Title S
Name TARVER, PAMELA
Address PO BOX 120445
City-State-Zip: CLERMONT FL 34712Title T
Name GIBSON, CONNIE
Address PO BOX 120445
City-State-Zip: CLERMONT FL 34712Title DM
Name SCATES, EILEEN
Address PO BOX 120445
City-State-Zip: CLERMONT FL 34712Title PD
Name AITKEN, NANCY
Address PO BOX 120445
City-State-Zip: CLERMONT FL 34712

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: CONNIE GIBSON

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04/09/2019

Electronic Signature of Signing Officer/Director Detail

Date