

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009637

Entity Name: LEAGUE OF WOMEN VOTERS OF LEE COUNTY, INC.**Current Principal Place of Business:**540 GULF BLVD #6
BOCA GRANDE, FL 33921**Current Mailing Address:**540 GULF BLVD #6 POB
PO BOX 1403
BOCA GRANDE, FL 33921 US**FEI Number:** 59-6178317**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCDONALD, SARAH
540 GULF BLVD #6
BOCA GRANDE, FL 33921 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:** SARAH MCDONALD

07/01/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	MCDONALD, SARAH
Address	540 GULF BLVD #6 POB PO BOX 1403
City-State-Zip:	BOCA GRANDE FL 33921

Title	VP
Name	FRANK, SANDY
Address	5260 S. LANDINGS DRIVE, #904
City-State-Zip:	FORT MYERS FL 33919

Title	D
Name	CLARK, DANA
Address	237 JAMES STREET
City-State-Zip:	KINGSTON PA 18704

Title	D
Name	GREENBERGER, JUDY
Address	14354 HARBOR LIKS COURT, #3A
City-State-Zip:	FORT MYERS FL 33908

Title	S
Name	CONROY, EILEEN
Address	11061 HARBOR YACHT CT, #102
City-State-Zip:	FORT MYERS FL 33908

Title	T
Name	CALLWOOD, ANNA
Address	2048 MAPLE AVENUE
City-State-Zip:	FORT MYERS FL 33901

Title	D
Name	GRAHAM, CLARA ANNE
Address	25201 DIVOT DRIVE
City-State-Zip:	BONITA SPRINGS FL 34135

Title	D
Name	JOHN, DENISE
Address	1101 NE 19TH STREET
City-State-Zip:	CAPE CORAL FL 33909

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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: SARAH MCDONALD**PRESIDENT**

07/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name KALTMAN, ADRIENNE
Address 3564 MEADOW BROOK WAY
City-State-Zip: DAVIE FL 33328

Title D
Name OSIN, SUE
Address 3874 HAROLD AVENUE
City-State-Zip: FORT MYERS FL 33901

Title S
Name SALA, PATRICIA
Address 3040 OASIS GRAND BLVD #1205
City-State-Zip: FORT MYERS FL 33916

Title DIRECTOR
Name WULF, AMY
Address 8011 GATOR PALM
City-State-Zip: FORT MYERS FL 33966