

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000006124

**Entity Name:** LEE COUNTY WOMEN'S TENNIS LEAGUE, INC.

**Current Principal Place of Business:**

14250 ROYAL HARBOUR CT.  
515  
FORT MYERS, FL 33908

**Current Mailing Address:**

14250 ROYAL HARBOUR CT.  
515  
FORT MYERS, FL 33908 US

**FEI Number:** 82-1807687

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WHITE, TRACY  
14250 ROYAL HARBOUR CT.  
515  
FORT MYERS, FL 33908 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:** TRACY WHITE

03/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name PAT, BURNELL  
Address 9110 BAYBERRY BEND  
103  
City-State-Zip: FORT MYERS FL 33908

Title SECRETARY  
Name CARROLL, SHANNON  
Address 19607 VINTAGE TRACE CIRCLE  
City-State-Zip: ESTERO FL 33967

Title TREASURER  
Name WHITE, TRACY  
Address 14250 ROYAL HARBOUR CT.  
515  
City-State-Zip: FORT MYERS FL 33908

Title ASSOCIATE DIRECTOR  
Name HILDEBRAND, GEORGENE  
Address 1511 NW 18TH TERRACE  
City-State-Zip: CAPE CORAL FL 33993

*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:** TRACY WHITE

TREASURER

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date