2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715442

FILED Apr 08, 2009 Secretary of State

Entity Name: COMMUNITY COUNCIL OF LEHIGH ACRES FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 9 BETH STASEY BLVD 211 JACKSON AVE SUITE 103 LEHIGH ACRES, FL 33936 US LEHIGH ACRES, FL 33936 US **New Mailing Address: Current Mailing Address:** P.O. BOX 725 LEHIGH ACRES, FL 33970 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHELOR, DAMON SHELOR, DAMON 211 JACKSON AVENUE 211 JACKSON AVENUE LEHIGH ACRES, FL 33972 LEHIGH ACRES, FL 33936 US 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: DAMON SHELOR 04/08/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHELOR, DAMON Name: Name: 211 JACKSON AVE Address: Address: City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: Title: () Delete Title: () Change () Addition ANGLICKIS, RICK Name: Name: Address: 643 GRANDVIEW AVE Address: City-St-Zip: LEHIGH ACRES, FL 33936 US City-St-Zip: Title: () Delete Title: () Change () Addition WARCHOL, GARY Name: Name: Address: 210 LEE BLVD Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: LANE, CARLO L Name: MAKOWSKI, KAREN 120 JEFFERSON AVE Address: Address: 50 JOEL BLVD City-St-Zip: LEHIGH ACRES, FL 33972 US City-St-Zip: LEHIGH ACRES, FL 33936 US Title: () Delete Title: (X) Change () Addition DE WEEVER, OLIVER BAKER, TAMMY Name: Name: 220 PLAINFIELD STREET PO BOX 462 Address: Address: City-St-Zip: LEHIGH ACRES, FL 33936 US City-St-Zip: LEHIGH ACRES, FL 33970 US Title: () Delete Title: () Change () Addition WEINER, EDD Name: Name: Address: 4852 VARCITY CIRCLE Address: LEHIGH ACRES, FL 33971 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TAMMY BAKER S 04/08/2009