2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715442

FILED Feb 02, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

211 JACKSON AVE

LEHIGH ACRES, FL 33936 US

Current Mailing Address: New 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 211 JACKSON AVENUE LEHIGH ACRES, FL 33936 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

OFFICERS AND DIRECTORS:

Γitle: PRES

Name: SHELOR, DAMON
Address: 211 JACKSON AVE
City-St-Zip: LEHIGH ACRES, FL 33972

Title: CSEC

Name: HALL, ORVILLE Address: 4003 2ND ST SW

City-St-Zip: LEHIGH ACRES, FL 33976 US

Title: VP

Name: WARCHOL, GARY Address: 3948 SUNSET ROAD

City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: TRES

Name: MAKOWSKI, KAREN
Address: 2212 COLEFAX COURT
City-St-Zip: LEHIGH ACRES, FL 33973 US

Title: RSEC

Name: CARTER, LINDA Address: 704 HOMER AVE N

City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP

Name: WEINER, EDD

Address: 20048 LAKE VISTA CIRCLE City-St-Zip: LEHIGH ACRES, FL 33936 US

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: KAREN R MAKOWSKI TREA 02/02/2010

Electronic Signature of Signing Officer or Director

Date