

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748245

FILED  
Jan 03, 2012  
Secretary of State

**Entity Name:** LEE COUNTY ASSOCIATION OF INDEPENDENT INSURANCE AGENTS, INC.

**Current Principal Place of Business:**

3820 COLONIAL BOULEVARD  
SUITE 200  
FORT MYERS, FL 33966 US

**New Principal Place of Business:**

2120 WEST 1ST STREET  
FORT MYERS, FL 33901 US

**Current Mailing Address:**

P.O. BOX 61514  
FT MYERS, FL 33906 US

**New Mailing Address:**

**FEI Number:** 59-2023616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POTASH, ANGELA M  
3820 COLONIAL BOULEVARD  
SUITE 200  
FORT MYERS, FL 33966 US

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

MAXWELL, DAVID M  
2120 WEST 1ST STREET  
FORT MYERS, FL 33901 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: DAVID M. MAXWELL

01/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SAWYER, JAMES  
Address: 1412 ROYAL PALM SQ BLVD #104  
City-St-Zip: FORT MYERS, FL 33919

Title: VP  
Name: POTASH, ANGELA  
Address: 3820 COLONIAL BLVD. STE 200  
City-St-Zip: FORT MYERS, FL 33966

Title: TREA  
Name: MAXWELL, DAVID M  
Address: 2120 WEST 1ST STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: SEC  
Name: DZWIGAL, JUDY  
Address: 5248 RED CEDAR DR # 103  
City-St-Zip: FORT MYERS, FL 33907

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: DAVID M MAXWELL

TREA

01/03/2012

Electronic Signature of Signing Officer or Director

Date