

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000005536**

1. Entity Name  
**LEE COUNTY REAL ESTATE COUNCIL, INC.**



Principal Place of Business  
**1833 HENDRY STREET  
FORT MYERS, FL 33902-1507**

Mailing Address  
**1833 HENDRY STREET  
FORT MYERS, FL 33902-1507**



01082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2952927</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GRAVINA, PETER J ESQ.  
1833 HENDRY STREET  
FORT MYERS, FL 33902-1507**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

000000583154  
01/11/07-80059-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVINA, PETER J ESQ. 1833 HENDRY STREET FORT MYERS, FL 339021507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROOSA, RICHARD ESQ. 1833 HENDRY STREET FORT MYERS, FL 339021507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOAH, DENIS 1715 MONROE STREET POST OFFICE BOX 280 FORT MYERS, FL 339020280
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07 239 2366236  
Date Daytime Phone #