

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006870

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** LEE COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

C/O 15270 CRICKET LANE  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 07173  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 26-0445028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NARGI, ARMANDO  
C/O 15270 CRICKET LANE  
FORT MYERS, FL 33919 US

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

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:**

**Title:** EXD  
**Name:** NARGI, ARMANDO  
**Address:** PO BOX 07173  
**City-St-Zip:** FORT MYERS, FL 33919

**Title:** S  
**Name:** FELLABAUM, J  
**Address:** PO BOX 07173  
**City-St-Zip:** FORT MYERS, FL 33919

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:** ARMANDO NARGI

EXD

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date