

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90090 029 ****61.25

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01082008 Chg-NP CR2E037 (12/06)

DOCUMENT # N36871					
1. Entity Name LEE COUNTY EDUCATIONAL ADMINISTRATORS ASSOCIATION, INC.					
Principal Place of Business POST OFFICE BOX 7393 FT. MYERS, FL 33911			Mailing Address POST OFFICE BOX 7393 FT. MYERS, FL 33911		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0181654	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STICKLES, EDWARD 5345 CHIPPENDALE CR FORT MYERS, FL 33919			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ED	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STICKLES, EDWARD		NAME		
STREET ADDRESS	5345 CHIPPENDALE CR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMNG, GERALD		NAME		
STREET ADDRESS	108 NE 12TH CT.		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33909		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZER, RONALD M		NAME		
STREET ADDRESS	5121 WESTMINSTER DR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUNGER, KIM		NAME	Tommy Bowan	
STREET ADDRESS	5000 ORANGE GROVE BLVD		STREET ADDRESS	3500 Aqualina Blvd., Cape Coral, FL 33914	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, CLAYTON		NAME	Cynthia Nunez	
STREET ADDRESS	8936 FOREST ST		STREET ADDRESS	2855 Colonial Blvd., Ft. Myers, FL 33911	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNECKE, SHARON		NAME		
STREET ADDRESS	1570 WHISKEY CREEK DR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
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: _____		Date: 1/9/08		Daytime Phone #: (239) 565-5859	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					