

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715442

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

Current Principal Place of Business:

15 HOMESTEAD ROAD S
LEHIGH ACRES, FL 33936

Current Mailing Address:

P.O. BOX 725
LEHIGH ACRES, FL 33970 US

FEI Number: 04-3597328

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAUL, ROBERT
209 OAKLAWN COURT
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: ROBERT SAUL

02/23/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name BAKER, TAMI
Address 2802 LEE BLVD #2
City-State-Zip: LEHIGH ACRES FL 33936

Title PRESIDENT
Name ANGLICKIS, RICK
Address P.O.BOX 725
City-State-Zip: LEHIGH ACRES FL 33970

Title TRES
Name SAUL, ROBERT
Address P.O.BOX 1955
City-State-Zip: LEHIGH ACRES FL 33970

Title VP
Name YASIN, MOHAMED
Address PO BOX 725
City-State-Zip: LEHIGH ACRES FL 33970

Title VP
Name WOODBY, TYLER
Address P.O.BOX 725
City-State-Zip: LEHIGH ACRES FL 33970

Title CORRESPONDING SECRETARY
Name PARK, THERESA
Address PO BOX 725
City-State-Zip: LEHIGH ACRES FL 33970

Title RECORDING SECRETARY
Name TURRILL, DIANE
Address P.O.BOX 725
City-State-Zip: LEHIGH ACRES FL 33970

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: ROBERT SAUL

TREASURER

02/23/2017

Electronic Signature of Signing Officer/Director Detail

Date