

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000000580

Entity Name: LEE COUNTY FOOTBALL ASSOCIATION, INC.**Current Principal Place of Business:**6112 PRINCIPIA DR
UNIT 3
FORT MYERS, FL 33919**Current Mailing Address:**P.O. BOX 153117
CAPE CORAL, FL 33915 US**FEI Number:** 46-1807952**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CONNELLEY, FRANCIS D
6112 PRINCIPIA DRIVE
UNIT 3
FORT MYERS, FL 33919 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:** FRANCIS D. CONNELLEY

01/09/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	CONNELLEY, JOSEPH C
Address	6202 PRINCIPIA DRIVE UNIT B
City-State-Zip:	FORT MYERS FL 33919

Title	VP
Name	SMITH, DIRK
Address	324 NW 18TH TERRACE
City-State-Zip:	CAPE CORAL FL 33993

Title	SECR
Name	O'BRIEN, JAMES
Address	P.O. BOX 153117
City-State-Zip:	CAPE CORAL FL 33915

Title	TRES
Name	MALPICA, ROBERT
Address	1211 S.E. 18TH STREET
City-State-Zip:	CAPE CORAL FL 33990

Title	A.D.
Name	SILVERMAN, MICHAEL
Address	5167 SUNNYBROOK COURT
City-State-Zip:	CAPE CORAL FL 33904

Title	COMM
Name	CONNELLEY, FRANK D
Address	6112-3 PRINCIPIA DRIVE
City-State-Zip:	FT. 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: JOSEPH C. CONNELLEY

PRESIDENT

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date