# 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N13000000580

Entity Name: LEE COUNTY FOOTBALL ASSOCIATION, INC.

FILED Feb 05, 2015 Secretary of State CC5077996784

### **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: No

## 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 02/05/2015

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title PRES Title VP

Name SILVERMAN, MICHAEL Name SMITH, DIRK

Address 4013 S.E. 3RD AVENUE Address 4601 WEST CORAL CIRCLE

City-State-Zip: CAPE CORAL FL 33904 City-State-Zip: NORTH FORT MYERS FL 33903

Title SECR Title TRES

Name MALPICA, ROBERT Name O'BRIEN, RYAN

Address 2029 NW 7TH STREET Address 2132 CAPE HEATHER CIRCLE
City-State-Zip: CAPE CORAL FL 33993 City-State-Zip: CAPE CORAL FL 33991

Title A.D. Title COMM

NameSTENGEL, SHANNONNameCONNELLEY, FRANCIS DAddress2085 CAPEHEATHER CIRCLEAddress6112-3 PRINCIPIA DRIVECity-State-Zip:CAPE CORAL FL 33991City-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.