

2016 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

01/25/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name SILVERMAN, MICHAEL
Address 4013 S.E. 3RD AVENUE
City-State-Zip: CAPE CORAL FL 33904

Title SECRETARY
Name SMITH, DIRK
Address 4601 WEST CORAL CIRCLE
City-State-Zip: NORTH FORT MYERS FL 33903

Title VP
Name MALPICA, ROBERT
Address 2029 NW 7TH STREET
City-State-Zip: CAPE CORAL FL 33993

Title TRES
Name GEERSON, ALICIA M
Address 1101 NW 1ST AVE
City-State-Zip: CAPE CORAL FL 33993

Title A.D.
Name STENGEL, SHANNON
Address 2085 CAPEHEATHER CIRCLE
City-State-Zip: CAPE CORAL FL 33991

Title COMM
Name CONNELLEY, FRANCIS 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: FRANCIS D CONNELLEY**REGISTERED AGENT**

01/25/2016

Electronic Signature of Signing Officer/Director Detail

Date