2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000010110

Entity Name: LEE COUNTY BAR ASSOCIATION FOUNDATION, INC.

FILED Jul 29, 2024 **Secretary of State** 8480115391CC

Current Principal Place of Business:

2077 FIRST STREET **UNIT 207**

FORT MYERS, FL 33901

Current Mailing Address:

2077 FIRST STREET **UNIT 207**

FORT MYERS, FL 33901 US

FEI Number: 81-5029751 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEE COUNTY BAR ASSOCIATION, INC. 2077 FIRST STREET **UNIT 207**

FORT MYERS, FL 33901 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:

City-State-Zip:

Date Electronic Signature of Registered Agent

City-State-Zip:

FORT MYERS FL 33901

Officer/Director Detail:

Title	TREASURER, DIRECTOR	Title	SECRETARY, DIRECTOR
Name	SEITZ, DAVID	Name	FERNANDEZ, VANESSA
Address	2077 FIRST STREET UNIT 207	Address	2077 FIRST STREET UNIT 207

UNIT 207

UNIT 207

FORT MYERS FL 33901

City-State-Zip: FORT MYERS FL 33901 City-State-Zip: FORT MYERS FL 33901

Title **PRESIDENT** Title **DIRECTOR**

Name DOWNEY, RYAN Name BRUST, MATTHEW Address 2077 FIRST STREET Address 2077 FIRST STREET **UNIT 207 UNIT 207**

DIRECTOR Title Title DIRECTOR

ZEKRI, IMAN Name CAMADECO, KATHERINE Name

2077 FIRST STREET 2077 FIRST STREET Address Address

UNIT 207 UNIT 207

City-State-Zip: FORT MYERS FL 33901 City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR Title **DIRECTOR** DUNFORD, LANCE Name Name ANWAR, ASMA

Address 2077 FIRST STREET Address 2077 FIRST STREET

UNIT 207

FORT MYERS FL 33901 City-State-Zip: FORT MYERS FL 33901 City-State-Zip:

07/29/2024 SIGNATURE: DAVID SEITZ

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.

TREASURER, LEE COUNTY BAR ASSOCIATION FOUNDATION

Electronic Signature of Signing Officer/Director Detail

Date