

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004241

Entity Name: HOME OWNERSHIP RESOURCE CENTER OF LEE COUNTY, INC.**FILED**
Mar 10, 2016
Secretary of State
CC1934440993**Current Principal Place of Business:**2915 COLONIAL BLVD
SUITE 200
FORT MYERS, FL 33966**Current Mailing Address:**2915 COLONIAL BLVD
SUITE 200
FORT MYERS, FL 33966**FEI Number: 65-1047226****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**NORRIS, CAROLYN
HOME OWNERSHIP RESOURCE CENTER OF LEE COUN
2915 COLONIAL BLVD. SUITE 200
FORT MYERS, FL 33966 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:** CAROLYN NORRIS

03/10/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	MAGINNESS, JAMES
Address	2915 COLONIAL BLVD SUITE 200
City-State-Zip:	FORT MYERS FL 33966

Title	VICE PRESIDENT
Name	DAVIS, RAYMOND
Address	2915 COLONIAL BLVD SUITE 200
City-State-Zip:	FORT MYERS FL 33966

Title	SECRETARY
Name	BARNES, CHARLES
Address	2915 COLONIAL BLVD SUITE 200
City-State-Zip:	FORT MYERS FL 33966

Title	CHAIRMAN
Name	ROEDER, MICHAEL E
Address	2915 COLONIAL BLVD SUITE 200
City-State-Zip:	FT. MYERS FL 33966

Title	TREASURER
Name	CEDENO, CINDY
Address	2915 COLONIAL BLVD SUITE 200
City-State-Zip:	FORT MYERS FL 33966

Title	DIRECTOR
Name	BUTLER, GAREY ESQ.
Address	2915 COLONIAL BOULEVARD SUITE 200
City-State-Zip:	FORT MYERS FL 33966

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: MICHAEL ROEDER

CHAIRMAN

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date