



ANNUAL LOBBYIST REGISTRATION

FOR THE PERIOD JULY 1, 2016 THRU JUNE 30, 2017

NAME Christopher A. Lopez PHONE 239-887-0117
MAILING ADDRESS 2840 Winkler Ave. Fort Myers, FL 33916

LIST THE NAME AND BUSINESS ADDRESS OF EACH PRINCIPAL REPRESENTED, THEIR GENERAL AND SPECIFIC AREAS OF LEGISLATIVE INTEREST, AND THE NATURE AND EXTENT OF ANY DIRECT BUSINESS ASSOCIATION OR PARTNERSHIP WITH ANY CURRENT MEMBER OF THE BOARD OF COUNTY COMMISSIONERS, COUNTY STAFF, OR PERSON SITTING ON A DECISION-MAKING BODY UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS WITH THE PRINCIPAL.

(1) NAME Christopher Lopez - Dir. of Public Policy, Royal Palm Coast Realtor Association
ADDRESS 2840 Winkler Ave. Fort Myers, FL 33916

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(2) NAME

ADDRESS

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(3) NAME

ADDRESS

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(4) NAME

ADDRESS

AREAS OF LEGISLATIVE INTEREST: ASSOCIATION WITH COMMISSIONERS, COUNTY STAFF OR MEMBERS OF DECISION-MAKING BODIES UNDER THE JURISDICTION OF THE BOARD OF COUNTY COMMISSIONERS.

(USE ADDITIONAL PAGES IF NECESSARY)

STATE OF FLORIDA

COUNTY OF LEE

I HEREBY CERTIFY that the statements made above are true and accurate. I further certify and acknowledge that I understand that it is my responsibility to file my annual and quarterly statements and that I will not be notified by the Clerk's Office of my failure to do so.

DATED this 17th day of September 2016

LOBBYIST [Signature]

NOTE: This document must be witnessed by either the Deputy Clerk or a Notary Public.

WITNESSED:

The foregoing instrument was signed and acknowledged before me

this 17th day of September 2016

who produced the following as identification

or is personally known to me, and who did/did not take an oath. (Stamp or Seal)

[Signature of Notary]

Amy E Dunnigan [Typed or Printed Name of Notary]

Deputy Clerk



AMY E DUNNIGAN
NOTARY PUBLIC
STATE OF FLORIDA
Comm# FF011689
Expires 4/24/2017

2016 SEP 20 AM 11:19

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MINUTES OFFICE