

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90455 038 ****61.50

DOCUMENT # N04000001013
 1. Entity Name
CHAMPIONS AT LELY RESORT CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business: **4770 ALBERTON CT #2602 NAPLES FL 34105**
 Mailing Address: **4770 ALBERTON CT #2602 NAPLES FL 34105**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number: **20-06 83547**
 Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BARNETT, LISA H
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES FL 34102

7. Name and Address of New Registered Agent
 Name: **EDUARDO DE ARMAS**
 Street Address (P.O. Box Number is Not Acceptable): **SAND CASTLE COMMUNITY MGMT INC**
1719 TRADE CENTER WAY #4
 City: **NAPLES FL** Zip Code: **34109**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **MANAGER** DATE: **4/28/05**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D BATEMAN, A L <input checked="" type="checkbox"/> Delete
STREET ADDRESS	4770 ALBERTON CT #2602
CITY-ST-ZIP	NAPLES FL 34105
TITLE NAME	D DERSCH, JOYCE <input checked="" type="checkbox"/> Delete
STREET ADDRESS	4770 ALBERTON CT #2602
CITY-ST-ZIP	NAPLES FL 34105
TITLE NAME	D DULANEY, JO ANN <input checked="" type="checkbox"/> Delete
STREET ADDRESS	4770 ALBERTON CT #2602
CITY-ST-ZIP	NAPLES FL 34105
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD JOHN DONOVAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8657 CHAMPIONS POINTE #1402
CITY-ST-ZIP	NAPLES, FL 34113
TITLE NAME	TD JOHN VONO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8663 CHAMPIONS POINTE #1304
CITY-ST-ZIP	NAPLES, FL 34113
TITLE NAME	SD CATHERINE FLANAGAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8645 CHAMPIONS POINTE #1104
CITY-ST-ZIP	NAPLES, FL 34113
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/28/05** 239 821-7240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR