


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90073 003 ****61.25

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
Go Sandcastle Community Mgmt.

3. Mailing Address
Go Sandcastle Community Mgmt.

Suite, Apt. #, etc.
1719 Trade Center Way #4

Suite, Apt. #, etc.
P.O. Box 8478

City & State
Naples, FL


City & State
Naples, FL

Zip
34109

Zip
34101

Country

40040000



03152006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-0683547

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DE ARMAS, EDUARDO
 C/O SANDCASTLE COMMUNITY MGMT INC.
 1719 TRADE CENTER WAY #4
 NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONOVAN, JOHN 8657 CHAMPIONS POINTE #1402 NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VONO, JOHN 8653 CHAMPIONS POINTE #1304 NAPLES, FL 34113 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Alexis Tsaggaris 8641 Champions Pointe #1001 Naples, FL 34113 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLANAGAN, CATHERINE 8645 CHAMPIONS POINTE #1104 NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alexis Tsaggaris* **Alexis TSAGGARIS**

Date **4/2/06** Daytime Phone # **239-793-2469**