2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002420

FILED Apr 25, 2005 Secretary of State

Entity Name: CHASE PRESERVE AT LELY RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

CHASE PERSERVE DRIVE 8524-8547 NAPLES, FL 34113

Current Mailing Address: New Mailing Address:

PO BOX 8990

NAPLES, FL 34101 US

FEI Number: 59-3519743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, STEPHEN P COLLIER FINANCIAL IN 4985 EAST TAMIAMI TRAIL NAPLES, FL 34113 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: VPD (X) Change () Addition Name: NICHOL, FRANK Name: FAGAN, JUSTINE Address: 8547 CHASE PERSERVE Address: 8535 CHASE PRESERVE DR

City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

Address: 8543 CAHSE PERSERVE Address: 8543 CAHSE PERSERVE
City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

 $\label{eq:title:sdef} {\sf Title:} \qquad {\sf SD} \qquad (\) \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SDT} \qquad ({\sf X}) \ {\sf Change} \ (\) \ {\sf Addition}$

 Name:
 PLOMARTIS, TITUS
 Name:
 PLOMARTIS, TITUS

 Address:
 8527 CHASE PRSERVE DR
 Address:
 8527 CHASE PRSERVE DR

 City-St-Zip:
 NAPLES, FL 34113
 City-St-Zip:
 NAPLES, FL 34113

Title: TD (X) Delete Title: () Change () Addition

 Title:
 TD
 (X) Delete
 Title:

 Name:
 FUREY, ROBERT
 Name:

 Address:
 8539 CHASER PERSERVE
 Address:

 City-St-Zip:
 NAPLES, FL 34113
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LEN HUCKETT PD 04/25/2005