## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002420

FILED Apr 30, 2008 Secretary of State

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

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

CHASE PRESERVE DRIVE 8524-8547 NAPLES, FL 34113

**Current Mailing Address: New Mailing Address:** 

COLLIER FINANCIAL, INC. 4985 TAMIAMI TRAIL E. NAPLES, FL 34113

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:

( ) Delete (X) Change ( ) Addition FAGAN, JUSTINE HUCKETT, LEONARD Name: Name: 8535 CHASE PRESERVE DR Address: 8543 CHASE PRESERVE DR Address:

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

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

FUREY, ROBERT Name: FUREY, ROBERT Name: Address: 8539 CHASE PRESERVE DR Address:

8539 CHASE PRESERVE DR City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

Title: () Delete Title: VD. (X) Change ( ) Addition SCARANO, RICHARD Name: LIETZ, PAUL S Name:

8547 CHASE PRESERVE DR 8527 CHASE PRESERVE DR Address: Address:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT FUREY PD 04/30/2008