

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721093

FILED  
Feb 27, 2006  
Secretary of State

**Entity Name:** LELY VILLAS UNIT 2 CONDOMINIUM ASSOCIATION OF NAPLES, INC.

**Current Principal Place of Business:**

4 MAUI CIRCLE  
NAPLES, FL 34112 US

**New Principal Place of Business:**

**Current Mailing Address:**

4 MAUI CIRCLE  
NAPLES, FL 34112 US

**New Mailing Address:**

**FEI Number:** 59-1808043

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICCO, SANDRA  
37 MAUI CIRCLE  
NAPLES, FL 34112 US

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

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:**

Title: DP ( ) Delete  
Name: RICCO, SANDRA  
Address: 37 MAUI CIRCLE  
City-St-Zip: NAPLES, FL 34112

Title: DVP ( ) Delete  
Name: REECE, SUSAN  
Address: 9 MAUI CIRCLE  
City-St-Zip: NAPLES, FL 34112

Title: DS ( ) Delete  
Name: MELILLO, DEBBY  
Address: 4809 HAWAII BLVD  
City-St-Zip: NAPLES, FL 34112

Title: DT ( ) Delete  
Name: ESPOSITO, SUE  
Address: 5 MAUI CIRCLE  
City-St-Zip: NAPLES, FL 34112

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SANDRA RICCO

DVP

02/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date