2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# 721093

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:

CRAIN, NATHANIEL
35 MAUI CIRCLE
NAPLES, FL 34112 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: NATHANIEL CRAIN 04/02/2007
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: DT (X) Change ( ) Addition
Name: CRAIN, NATHANIEL
Address: 35 MAUI CIRCLE
City-St-Zip: NAPLES, FL 34112

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

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

Title: DP (X) Change ( ) Addition
Name: ESPOSITO, SUE
Address: 5 MAUI CIRCLE
City-St-Zip: NAPLES, FL 34112

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: NATHANIEL CRAIN DT 04/02/2007
Electronic Signature of Signing Officer or Director Date