

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 738030 (6)

1. Corporation Name

LELY CMC ASSN., INC.



Principal Place of Business

P. O. BOX 66  
NAPLES FL 33939

Mailing Address

P. O. BOX 66  
NAPLES FL 33939

3. Date Incorporated or Qualified  
02/18/1977

3a. Date of Last Report  
05/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2248939

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOLEY, JOHN F ESO  
2150 GOODLETTE RD  
6TH FLOOR  
NAPLES FL 33940

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ~~PRESIDENT~~  
NAME HOOLEY, JOHN F  
STREET ADDRESS 386 PINEHURST CIRCLE  
CITY-ST-ZIP NAPLES

☐ DELETE

1.1 TITLE T D  
1.2 NAME Michael A. Napier  
1.3 STREET ADDRESS 172 BRIDLE PATH LN.  
1.4 CITY-ST-ZIP Naples, FL 33962

☐ Change

☒ Addition

TITLE VPB  
NAME BELLOFATTO, PAUL  
STREET ADDRESS 356 VALLEY STREAM CIRCLE  
CITY-ST-ZIP NAPLES FL

☒ DELETE

2.1 TITLE SECRETARY D  
2.2 NAME BATTY PERDUE  
2.3 STREET ADDRESS 164 PROGRESS BACK CIRCLE  
2.4 CITY-ST-ZIP NAPLES FL 33962

☐ Change

☐ Addition

TITLE ~~VP~~  
NAME GAYLE, DENNIS  
STREET ADDRESS 433 BALTUSOL DR  
CITY-ST-ZIP NAPLES FL

☒ DELETE

3.1 TITLE VICE PRESIDENT D  
3.2 NAME GALE NEWMAN  
3.3 STREET ADDRESS 187 PROGRESS BACK CIRCLE  
3.4 CITY-ST-ZIP NAPLES FL 33962

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Napier

4-22-96

Date

774-3200

Daytime Phone #

CR2E037 (12/95)