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FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **738030** (6)

1. Corporation Name

LELY CIVIC ASSN., INC.

Principal Place of Business

P. O. BOX 66
NAPLES FL 33939

Mailing Address

P. O. BOX 66
NAPLES FL 34106-0066



3. Date Incorporated or Qualified **02/18/1977** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2248939** Applied For Not Applicable

21 P.O. Box 66 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State **Naples, Fla.** 27 City & State 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip **34112** Country **U.S.A.** 28 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
5TH FLOOR
NAPLES FL 33940

81 Name **John F. Hooley**
82 Street Address (P.O. Box Number is Not Acceptable) **4532 Tamiami Trl., E., Ste. 401**
83 **Naples**
84 City **FL** 85 Zip Code **34112**

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 **John F. Hooley** (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOLEY, JOHN F	1.2 NAME	
STREET ADDRESS	386 PINEHURST CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES S	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, GALE	2.2 NAME	
STREET ADDRESS	187 PEBBLE BEACH CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAPIER, MICHAEL A	3.2 NAME	William C. Erickson
STREET ADDRESS	172 BRIARCLIFF LANE	3.3 STREET ADDRESS	500 5th Ave., S., Ste. 524
CITY-ST-ZIP	NAPLES FL 33962	3.4 CITY-ST-ZIP	Naples, Fla. 34102
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERDIS, BETTY	4.2 NAME	Perdos, Betty
STREET ADDRESS	164 PEBBLE BEACH CIRCLE	4.3 STREET ADDRESS	164 Pebble Beach Cir.
CITY-ST-ZIP	NAPLES FL 33962	4.4 CITY-ST-ZIP	Naples, Fla. 34102
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **John F. Hooley** REQUIRED **John F. Hooley** 4-22-97 (941) 775-2908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0039537

CR2E037 (9/96)