


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90157 016 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 738030</b>					
1. Corporation Name <b>LELY CIVIC ASSN., INC.</b>					
Principal Place of Business P.O. BOX 66 NAPLES FL 34106-0066 US			Mailing Address P.O. BOX 66 NAPLES FL 34106-0066 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/18/1977	
22 City & State		27 City & State		4. FEI Number 59-2248939	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
KRAUS, CHERYL R MS 1072 GOODLETTE ROAD NORTH NAPLES FL 34102			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	FLEGAL, C.W. JR				
STREET ADDRESS	P.O. BOX 2663 N/A				
CITY-ST-ZIP	NAPLES FL 34106				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	RAMSEY, GEORGE				
STREET ADDRESS	275 FOREST HILLS BOULEVARD				
CITY-ST-ZIP	NAPLES FL 34111-3				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	FETTERS, JENALEE				
STREET ADDRESS	163 DORAL CIRCLE				
CITY-ST-ZIP	NAPLES FL 34113				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GUTIERREZ, LUIS				
STREET ADDRESS	135 PEBBLE BEACH BOULEVARD				
CITY-ST-ZIP	NAPLES FL 34113				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					



CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: *Katherine Harris* 34-99 941-793-3417  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #