

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738030

1. Entity Name

LELY CIVIC ASSN., INC.

Principal Place of Business

Mailing Address

P.O. BOX 66  
NAPLES FL 34106-0066  
US

P.O. BOX 66  
NAPLES FL 34106-0066  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2248939

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRAUS, CHERYL R MS  
1072 GOODLETTE ROAD NORTH  
NAPLES FL 34102

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME RAMSEY, GEORGE ☐ Delete  
STREET ADDRESS 275 FOREST HILLS BOULEVARD  
CITY-ST-ZIP NAPLES FL 34111-3

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME FETTERS, JENALEE ☐ Delete  
STREET ADDRESS 163 DORAL CIRCLE  
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☒ Delete  
NAME GUTIERREZ, LUIS  
STREET ADDRESS 135 PEBBLE BEACH BOULEVARD  
CITY-ST-ZIP NAPLES FL 34113

TITLE SD ☒ Change ☒ Addition  
NAME DEAN CORROW  
STREET ADDRESS 137 ST. ANDREWS BLVD  
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP-DIRECTOR ☐ Change ☒ Addition  
NAME JOHN NORRIS  
STREET ADDRESS 104 WARWICK HILLS DR.  
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Jenalee Feters

x 4-5-00

(941)

x 793-3417

Date

Daytime Phone #

CR2E037 (9/99)