DOCUMENT # 738030

1. Entity Name

LELY CIVIC ASSN., INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State
01-13-2001 90011 048 ****61.25

00720

Principal Place of Business	Mailing Address
235 PEBBLE BEACH CIR ~~P.O. BOX 66~~ NAPLES FL ~~34106-0066~~ 34113 change US	P.O. BOX 66 NAPLES FL 34106-0066 change US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address
235 PEBBLE BEACH CIR.	235 PEBBLE BEACH CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES FL
Zip: FL 34113 Country: COLLIER	Zip: 34113 Country: COLLIER

4. FEI Number 59-2248939 ☐ Applied For ☐ Not Applicable

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RAMSEY, GEORGE 275 FOREST HILLS BOULEVARD NAPLES FL 34111-3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FETTERS, JENALEE 163 DORAL CIRCLE NAPLES FL 34113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MD ROBERT FRANK 235 PEBBLE BEACH CIRCLE NAPLES, FL 34113 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CORROW, DEAN 137 ST ANDREWS BLVD NAPLES FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD NORRIS, JOHN 104 WARWICK HILLS DR NAPLES FL 34113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DR~~ VPD LARRY HALE 324 BAY MEADOWS DR NAPLES, FL 34113 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR SCOTT HENDERSON 225 PINEHURST CIR NAPLES, FL 34113 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR CHUCK RICE 166 PINEHURST CIR NAPLES, FL 34113 ☐ Change ☒ Addition

CR2E037 (10/00)

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: Robert T. Frank ROBERT FRANK Treasurer 1/6/01 941-775-7293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #