

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738030

1. Entity Name

LELY CIVIC ASSN., INC.

Principal Place of Business

235 PEBBLE BEACH CIRCLE
NAPLES FL 34113
US

Mailing Address

235 PEBBLE BEACH CIRCLE
NAPLES FL 34113
US

2. Principal Place of Business

137 ST ANDREWS BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

Country

34113 COLLIER

Zip

Country

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

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

TITLE TDMD
NAME FRANK, ROBERT
STREET ADDRESS 235 PEBBLE BEACH CIRCLE
CITY-ST-ZIP NAPLES FL 34113 ☒ Delete

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

TITLE SD
NAME CORROW, DEAN
STREET ADDRESS 137 ST ANDREWS BLVD
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

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

TITLE VPD
NAME HALE, LARRY
STREET ADDRESS 324 BAY MEADOWS DRIVE
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

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

TITLE DR
NAME HENDERSON, SCOTT
STREET ADDRESS 225 PINEHURST CIRCLE
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

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

TITLE DR
NAME RICE, CHULIE
STREET ADDRESS 166 PINEHURST CIRCLE
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

TITLE RICE, CHUCK
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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:

DEAN E. CORROW 3-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90033 016 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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