

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90172 015 \*\*\*\*61.25

**DOCUMENT # 738030**

1. Entity Name  
LELY CIVIC ASSN., INC.



Principal Place of Business  
137 ST ANDREWS BLVD  
NAPLES, FL 34113 US

Mailing Address  
137 ST ANDREWS BLVD  
NAPLES, FL 34113 US

**94069136**



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2248939

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RAMSEY, GEORGE  
STREET ADDRESS 275 FOREST HILLS BOUELVARD  
CITY-ST-ZIP NAPLES, FL 34113

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

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

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

TITLE D  
NAME TANNER, JENNIFER  
STREET ADDRESS 297 BAY MEADOW DR.  
CITY-ST-ZIP NAPLES, FL 34113

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #