

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02212005 No Chg NP CR2E037 (10/03)

4. FEI Number 59-2248939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KRAUS, CHERYL R MS 1072 GOODLETTE ROAD NORTH NAPLES, FL 34102	
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAMSEY, GEORGE 275 FOREST HILLS BOULEVARD NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDTD HALE, LARRY 324 BAY MEADOWS DRIVE NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TANNER, JENNIFER 297 BAY MEADOW DR. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/25/05-80052-012 61.25

**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: <u>Dean Corrow</u> DEAN CORROW	Date: <u>2-23-05</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	