
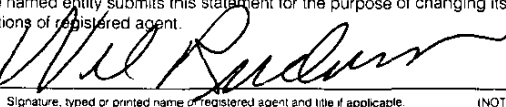
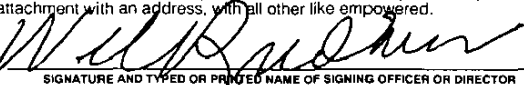


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90043 030 \*\*\*\*61.25

<b>DOCUMENT # 742672</b> 1. Entity Name <b>LELY COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>P.O. BOX 10997 NAPLES, FL 34101-0997</b>			Mailing Address <b>P.O. BOX 10997 NAPLES, FL 34101-0997</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>7345 Davis Blvd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 2</b>			
City & State		City & State <b>Naples FL</b>		4. FEI Number <b>65-0049706</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34104</b>		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MATSON, CATHY 117 PALMETTO DUNES CIRCLE NAPLES, FL 34113</b>				7. Name and Address of New Registered Agent Name <b>Wil Rudman</b> Street Address (P.O. Box Number is Not Acceptable) <b>147 Palmetto Dunes Circle</b> City <b>Naples</b> State <b>FL</b> Zip Code <b>34113</b>	
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  DATE <b>4-9-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAITENS, JAMES 600 AUGUSTA BLVD NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATSON, CATHY 117 PALMETTO DUNES CIR NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Linda Chiarello 124 Palmetto Dunes Cr. Naples, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUDMAN, WIL 147 PALMETTO DUNES CIR NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDSTEIN, CHRISTINA 162 PALMETTO DUNES CIR NAPLES, FL 34113	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD David Tate 181 Muirfield Cir Naples, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 				Date <b>4-9-07</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

40058595



04042007 Chg-NP CR2E037 (12/06)