2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742672

Apr 23, 2008 Secretary of State

Entity Name: LELY COUNTRY CLUB PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 10997 7345 DAVIS BLVD NAPLES, FL 341010997 #2

NAPLES, FL 34104

Current Mailing Address: New Mailing Address:

7345 DAVIS BLVD 7345 DAVIS BLVD SUITE 2 NAPLES, FL 34104 NAPLES, FL 34104

FEI Number: 65-0049706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

J & K ACCOUNTING ASSOCIATES, INC. REDMAN, WIL

147 PALMETTO DUNES CIRCLE 7345 DAVIS BLVD NAPLES, FL 34113

NAPLES, FL 34104 US

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: JOHN JOANIDES 04/23/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete GAITENS, JAMES BATCHELOR, MARK Name: Name:

600 AUGUSTA BLVD Address: 491 ST. ANDREWS BLVD Address: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113 City-St-Zip:

Title: () Delete Title: (X) Change () Addition CHIARELLO, LINDA Name: CHIARELLO, LINDA Name:

Address: 124 PALMETTO DUNES CR Address: 124 PALMETTO DUNES CR City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

Title: () Delete Title: (X) Change () Addition

RUDMAN, WIL Name: BROCK, BRUCE Name: 147 PALMETTO DUNES CIR 106 PALMETTO DUNES CIR Address: Address:

City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

() Delete (X) Change () Addition Title: TD Title:

Name: TATE, DAVE Name: TATE, DAVE 181 MUIRFIELD CIR. 181 MUIRFIELD CIR. Address: Address: City-St-Zip: NAPLES, FL 34113 City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE BROCK Т 04/23/2008