

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 820037

1. Corporation Name

LELY DEVELOPMENT CORPORATION

Principal Place of Business

8825 TAMiami TRAIL EAST
NAPLES, FL 34113

Mailing Address

8825 TAMiami TRAIL EAST
NAPLES, FL 34113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/4/1986

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number

59-1148037

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.☐

Yes

☐

No

9. Name and Address of Current Registered Agent

VEGA, GEORGE
2660 AIRPORT RD
NAPLES, FL 34962

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1806, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when releasing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DE LANGE, LUKE
STREET ADDRESS 8825 EAST TAMiami TRAIL
CITY-ST-ZIP NAPLES, FL 34113

☐ DELETE

TITLE V
NAME BRASETH, ROBERT
STREET ADDRESS 5010 SAXONY COURT
CITY-ST-ZIP CAPE CORAL, FL

☐ DELETE

TITLE D
NAME BOOM, JORIS
STREET ADDRESS BUTZENWEG 20
CITY-ST-ZIP ZUG, SWITZERLAND

☐ DELETE

TITLE D
NAME VAN DER LELY, OLAF
STREET ADDRESS BUTZENWEG 20
CITY-ST-ZIP ZUG, SWITZERLAND

☐ DELETE

TITLE DST
NAME VAN DER LELY, RONALD
STREET ADDRESS BUTZENWEG 20
CITY-ST-ZIP ZUG, SWITZERLAND

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition500002510885
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***150.00

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Date

Division Name

CR2E034 (10/97)