FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K94942** **(5)**

1. Corporation Name
LELY RESORT GOLF & COUNTRY CLUB, INC.

Principal Place of Business
%ROBERT BRASETH
8825 TAMIAMI TRAIL EAST
NAPLES FL 33962-3399

Mailing Address
%ROBERT BRASETH
8825 TAMIAMI TRAIL EAST
NAPLES FL 33962-3399

3. Date Incorporated or Qualified: 06/12/1989
3a. Date of Last Report: 04/25/1995

2. Principal Place of Business
21
Suite Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0150418 — Applied For / Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BRASETH, ROBERT
8825 TAMIAMI TRAIL EAST
NAPLES FL 33962-3399

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 of Name of Individual or Corporate Officer or Other Authorized Agent — NOTE: Registered Agent must sign in addition to above — DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☒ DELETE
NAME	~~AGNELLI, JOHN X.~~	
STREET ADDRESS	~~378 BAY MEADOWS DRIVE~~	
CITY, ST, ZIP	~~NAPLES FL x x x~~	
TITLE	VP	☐ DELETE
NAME	BRASETH, ROBERT	
STREET ADDRESS	5010 SAXONY CT	
CITY, ST, ZIP	CAPE CORAL FL	
TITLE	VP	☐ DELETE
NAME	TOMSIC, LAWRENCE W.	
STREET ADDRESS	7187 MILL RUN CR.	
CITY, ST, ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ Change ☐ Addition
1.2 NAME	Luke de Lange	
1.3 STREET ADDRESS	8825 East Tamiami Trail	
1.4 CITY, ST, ZIP	Naples, FL 33962	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: February 9, 1996 941-774-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)