## 2006 NOT-FOR-PROFIT CORPORATION

## ANNUAL REPORT

## DOCUMENT # N00000005085

CHASE PRESERVE OF LELY RESORT NEIGHBORHOOD



FILED

Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90302 046 \*\*\*\*61.25

ASSOCIATION, INC. Principal Place of Business Mailing Address 50011779 C/O STOCK COMMUNITY SERVICES C/O STOCK COMMUNITY SERVICES 5692 STRAND COURT, #1 5692 STRAND COURT, #1 NAPLES, FL 34110 NAPLES, FL 34110 2. Principal Place of Business 3. Mailing Address STOCK PROPERTY MANAGEMEN STOCK PROPERTY MANAGEMENT Suite, Apt. #, etc. 01122006 Chg-NP CR2E037 (11/05) 4980 TAMIAMI TRAIL 4980 TAMIAMI TRAIL 4. FEI Number 65-1087221 City & State City & State Applied For VAPUES Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired COLLIER COLLIER Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANAGEMENT STOCK COMMUNITY SERVICES 4501 TAMIAMI TRAIL NORTH, #300 NAPLES, FL 34103 Zip Code / 03 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 ure, typed or printed name of registered agent a (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. President Addition ☐ Delete TITLE TITLE Change | BASCH, TERRY NAME NAME 8555 CHASE PRESERVE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP NAPLES, FL 34113 V. PETREASUREN TITLE Addition ☐ Delete TITLE ☐ Change NAME PLUM, TIM NAME STREET ADDRESS 8487 CHASE PRESERVE DRIVE STREET ADDRESS CITY-ST-7IP NAPLES, FL 34113 CITY-ST-7IP SECRETARY Delete TITLE TITLE ☐ Change **X** Addition JASON KREIN MOORE, ANNA NAME 8518 CHASE PRESERVE DR 8542 CHASE PRESERVE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34113 CITY-\$T-ZIP NAPLES. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP

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,

SIGNATURE:

Daytime Phone I