

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90973 046 ****61.25

DOCUMENT # N00000006715			
1. Entity Name SARATOGA AT LELY RESORT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business SARATOGA DRIVE NAPLES, FL 34113 US		Mailing Address P.O. BOX 110156 NAPLES, FL 34108 US	
2. Principal Place of Business c/o Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country Collier		3. Mailing Address c/o Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215 City & State Naples, FL Zip 34104 Country Collier	
6. Name and Address of Current Registered Agent WHITE, WILLIAM D GAM 2310 DELTA DR NAPLES, FL 34117		7. Name and Address of New Registered Agent Name HAL BARDON Street Address (P.O. Box Number is Not Acceptable) 8188-703 SARATOGA DRIVE City NAPLES FL Zip Code 34113	
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 <i>Hal Bardon, Treasurer</i> DATE <i>04/22/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLY, ROBERT 406 S TARA ST. NORTH BALTIMORE, OH 45872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT KELLY 8144-2102 SARATOGA DRIVE NAPLES FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REALBUTO, CARY 8188 SARATOGA DRIVE #704 NAPLES, FL 34113	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARLEZA, WILLIAM 8173 SARATOGA DRIVE #1103 NAPLES, FL 34113	TITLE NAME STREET ADDRESS CITY-ST-ZIP	THAL BARDON 8188-703 SARATOGA NAPLES FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAS WHITE, WILLIAM D 2310 DELTA DR NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JUDITH MATSUDA 8141-1902 SARATOGA DRIVE NAPLES FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JAYNES, RICHARD 8169 SARATOGA DRIVE #1202 NAPLES, FL 34113	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID MCLAUGHLIN 8165-1302 SARATOGA DRIVE NAPLES FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. 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 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: <i>Hal Bardon, Treasurer</i> DATE <i>04/22/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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04142005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3675253 Applied For Not Applicable

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