

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90337 036 ****61.25

DOCUMENT # N00000006715																							
1. Entity Name SARATOGA AT LELY RESORT CONDOMINIUM ASSOCIATION, INC.																							
Principal Place of Business C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE, SUITE 215 NAPLES, FL 34104 US			Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE, SUITE 215 NAPLES, FL 34104 US																				
2. Principal Place of Business		3. Mailing Address																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
City & State		City & State																					
Zip	Country	Zip	Country	4. FEI Number 59-3675253																			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent BARDON, HAL 8188-703 SARATOGA DRIVE NAPLES, FL 34113			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">HAROLD BARDON</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">8188 SARATOGA DR #703</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="3">NAPLES</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 34113</td> </tr> </table>			Name	HAROLD BARDON					Street Address (P.O. Box Number is Not Acceptable)	8188 SARATOGA DR #703					City	NAPLES			FL	Zip Code 34113
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Street Address (P.O. Box Number is Not Acceptable)	8188 SARATOGA DR #703																						
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. <table style="width:100%;"> <tr> <td style="width:40%; vertical-align: bottom;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:40%; vertical-align: bottom;"> HAROLD BARDON <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:20%; vertical-align: bottom;"> 04/26/06 <small>DATE</small> </td> </tr> </table>						SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>	HAROLD BARDON <small>(NOTE: Registered Agent signature required when reinstating)</small>	04/26/06 <small>DATE</small>															
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Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	KELLY, ROBERT		NAME																				
STREET ADDRESS	8144-2102 SARATOGA DRIVE		STREET ADDRESS																				
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP																				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	REALBUTO, CARY		NAME																				
STREET ADDRESS	8188 SARATOGA DRIVE #704		STREET ADDRESS																				
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP																				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	BARDON, HAL		NAME																				
STREET ADDRESS	8188-703 SARATOGA DRIVE		STREET ADDRESS																				
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP																				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	MATSUDA, JUDITH		NAME																				
STREET ADDRESS	8141-1902 SARATOGA DRIVE		STREET ADDRESS																				
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP																				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	MCLAUGHLIN, DAVID		NAME																				
STREET ADDRESS	8165-1302 SARATOGA DRIVE		STREET ADDRESS																				
CITY-ST-ZIP	NAPLES, FL 34113		CITY-ST-ZIP																				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME			NAME																				
STREET ADDRESS			STREET ADDRESS																				
CITY-ST-ZIP			CITY-ST-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, with all other like empowered.																							
SIGNATURE:			4/26/06																				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>																				

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