

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90188 026 \*\*\*\*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**

**60035901**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3675253**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BARDON, HAROLD  
8188 SARASOTA DR  
SUITE 703  
NAPLES, FL 34113**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when translating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

T ☐ Delete  
NAME **BARDON, HAL**  
STREET ADDRESS **8188-703 SARATOGA DRIVE**  
CITY-ST-ZIP **NAPLES, FL 34113**

S ☒ Delete  
NAME **MATSUDA, JUDITH**  
STREET ADDRESS **8141-1902 SARATOGA DRIVE**  
CITY-ST-ZIP **NAPLES, FL 34113**

P ☐ Delete  
NAME **SALKA, JOHN**  
STREET ADDRESS **8149-1701 SARATOGA DRIVE**  
CITY-ST-ZIP **NAPLES, FL 34113**

D ☒ Delete  
NAME **COOPER, MARY E**  
STREET ADDRESS **8208-204 SARATOGA DRIVE**  
CITY-ST-ZIP **NAPLES, FL 34113**

V ☒ Delete  
NAME **MCLAUGHLIN, DAVID**  
STREET ADDRESS **8165-1302 SARATOGA DRIVE**  
CITY-ST-ZIP **NAPLES, FL 34113**

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

P ☐ Change ☒ Addition  
NAME **Kelly, Bobby**  
STREET ADDRESS **8144-2102 Saratoga Drive**  
CITY-ST-ZIP **Naples, FL 34113**

D ☐ Change ☒ Addition  
NAME **Jensen John**  
STREET ADDRESS **8188-704 Saratoga Drive**  
CITY-ST-ZIP **Naples, FL 34113**

S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D ☐ Change ☒ Addition  
NAME **Farnell, George**  
STREET ADDRESS **8173-1103 Saratoga Drive**  
CITY-ST-ZIP **Naples, FL 34113**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*Harold Bardon* **Treasurer (Harold Bardon)** 4/11/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #