

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006715

FILED
Apr 15, 2009
Secretary of State

Entity Name: SARATOGA AT LELY RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE, SUITE 215
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DRIVE, SUITE 215
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 59-3675253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BARDON, HAL
Address: 8188-703 SARATOGA DRIVE
City-St-Zip: NAPLES, FL 34113 US

Title: D () Delete
Name: JENSEN, JOHN
Address: 8188-704 SARATOGA DRIVE
City-St-Zip: NAPLES, FL 34113

Title: S () Delete
Name: SALKA, JOHN
Address: 8149-1701 SARATOGA DRIVE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: FARNELL, GEORGE
Address: 8173-1103 SARATOGA DRIVE
City-St-Zip: NAPLES, FL 34113

Title: P () Delete
Name: KELLY, BOBBY
Address: 8144-1103 SARATOGA DRIVE
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAL BARDON

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date