

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001895

FILED
May 18, 2005
Secretary of State

Entity Name: LELY TOUCHDOWN CLUB, INC.

Current Principal Place of Business:

2345 STANFORD CT
SUITE 602
NAPLES, FL 34112

New Principal Place of Business:

6774 BUCKINGHAM CT
NAPLES, FL 34104

Current Mailing Address:

2345 STANFORD CT
SUITE 602
NAPLES, FL 34112

New Mailing Address:

6774 BUCKINGHAM CT.
NAPLES, FL 34104

FEI Number: 01-0622133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORIA, ABLERT JR
6134 POLLY AVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

WALLER, JOHN
6774 BUCKINGHAM CT.
NAPLES, FL 34104 US

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: JOHN WALLER

05/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DORIA, ALBERT JR
Address: 6134 POLLY AVE
City-St-Zip: NAPLES, FL 34112

Title: DT (X) Delete
Name: DELASHMET, BRYAN
Address: 5413 CATTS ST
City-St-Zip: NAPLES, FL 34112

Title: DS () Delete
Name: CASSIO, JOHN
Address: 1529 BUCCANEER CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: DV () Delete
Name: MOSS, KENNETH E
Address: 950 N COLLIER BLVD #207
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WALLER, JOHN
Address: 6774 BUCKINGHAM CT.
City-St-Zip: NAPLES, FL 34104

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 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 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: JOHN WALLER

DP

05/18/2005

Electronic Signature of Signing Officer or Director

Date