

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N02000001895

1. Entity Name
LELY TOUCHDOWN CLUB, INC.



FILED
Nov 27, 2007 8:00 A.M.
Secretary of State

Principal Place of Business Mailing Address
~~6774 BUCKINGHAM CT~~ 2465 James Rd. ~~6774 BUCKINGHAM CT.~~ 2465 James Rd.
NAPLES, FL 34104 Naples, FL 34114 NAPLES, FL 34104 Naples, FL 34114



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1015017 REINSTATEMENT 01/07/07

4. FEI Number 01-0622133 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WALLER, JOHN~~ Eslandi Padin
~~6774 BUCKINGHAM CT.~~ 2465 James Rd.
NAPLES, FL 34104 Naples, FL 34114

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 reinstating)

DATE

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WALLER, JOHN	
STREET ADDRESS	6774 BUCKINGHAM CT.	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PADIN, ESLANDI	
STREET ADDRESS	2465 JAMES RD.	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000112644540	
CITY-ST-ZIP	11/28/07--01016--009 **236.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Eslandi Padin - DP 11/11/07 (239)793-3803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #