

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90073 041 ****61.25

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1. Entity Name
ASCOT AT LELY RESORT, A CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
5801 PELICAN BAY BLVD
SUITE 600
NAPLES, FL 34108

Mailing Address
5801 PELICAN BAY BLVD
SUITE 600
NAPLES, FL 34108



2. Principal Place of Business

40 Sandcastle Comm. Mgmt.
Suite, Apt. #, etc.
P.O. Box 8478
City & State
Naples, FL
Zip
34101
Country
USA

3. Mailing Address

40 Sandcastle Comm. Mgmt.
Suite, Apt. #, etc.
P.O. Box 8478
City & State
Naples, FL
Zip
34101
Country
USA

01182006 Chg-NP CR2E037 (11/05)

4. FEI Number
03-0526744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUEMLER, TIMOTHY J
5801 PELICAN BAY BLVD
SUITE 600
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name Ed De Armas
Street Address (P.O. Box Number is Not Acceptable)
1719 Trade Center Way Suite #4
City Naples FL Zip Code 34109

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 EDUARDO DE ARMAS

4/6/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HALLORAN, DAN	
STREET ADDRESS	5801 PELICAN BAY BLVD SUITE 600	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCARSELLA, TIMOTHY	
STREET ADDRESS	5801 PELICAN BAY BLVD SUITE 600	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	UNSINN, DIANA	
STREET ADDRESS	5801 PELICAN BAY BLVD SUITE 600	
CITY-ST-ZIP	NAPLES, FL 34108	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Demetsky	
STREET ADDRESS	6863 Ascot Drive #202	
CITY-ST-ZIP	Naples, FL 34113	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Horst Stoehr	
STREET ADDRESS	6803 Ascot Drive #101	
CITY-ST-ZIP	Naples, FL 34113	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas DeBenedictus	
STREET ADDRESS	6803 Ascot Drive #202	
CITY-ST-ZIP	Naples, FL 34113	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vincent DiAngelo	
STREET ADDRESS	6875 Ascot Drive #101	
CITY-ST-ZIP	Naples, FL 34113	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arthur Giles	
STREET ADDRESS	6875 Ascot Drive #102	
CITY-ST-ZIP	Naples, FL 34113	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 239
417-9548

Date

Daytime Phone #