

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007564

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

C/O SANDCASTLE COMM. MGMT.
PO BOX 8478
NAPLES, FL 34101

New Principal Place of Business:

C/O SANDCASTLE COMM. MGMT.
1719 TRADE CENTER WAY #4
NAPLES, FL 34101

Current Mailing Address:

C/O SANDCASTLE COMM. MGMT.
PO BOX 8478
NAPLES, FL 34101

New Mailing Address:

FEI Number: 03-0526744 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DE ARMAS, ED
1719 TRADE CENTER WAY
SUITE 4
NAPLES, FL 34109 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: PD () Delete
Name: DEMETSKY, PETER
Address: 6863 ASCOT DR #202
City-St-Zip: NAPLES, FL 34113

Title: VP () Delete
Name: STOEHR, HERST
Address: 6803 ASCOT DR #101
City-St-Zip: NAPLES, FL 34113

Title: STD () Delete
Name: DE BENEDICTUS, THOMAS
Address: 6803 ASCOT DR #202
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: DI ANGELO, VINCENT
Address: 6875 ASCOT DR #101
City-St-Zip: NAPLES, FL 34113

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: STOEHR, HORST
Address: 6803 ASCOT DR #101
City-St-Zip: NAPLES, FL 34113

Title: TD (X) Change () Addition
Name: DE BENEDICTUS, THOMAS
Address: 6803 ASCOT DR #202
City-St-Zip: NAPLES, FL 34113

Title: SD (X) Change () Addition
Name: GILES, ARTHUR
Address: 6875 ASCOT DR #102
City-St-Zip: NAPLES, FL 34113

Title: D () Change (X) Addition
Name: CAVATORTA, JOHN
Address: 6822 ASCOT DR #102
City-St-Zip: NAPLES, FL 34113

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: PETER DEMETSKY

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date