

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007564

FILED
Apr 03, 2012
Secretary of State

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

Current Principal Place of Business:

C/O SANDCASTLE COMMUNITY MGMT.
1719 TRADE CENTER WAY #4
NAPLES, FL 34109

New Principal Place of Business:

C/O SANDCASTLE COMMUNITY MGMT.
400 BUILDING AT PARK CENTRAL NORTH #412
NAPLES, FL 34109

Current Mailing Address:

C/O SANDCASTLE COMMUNITY MGMT.
1719 TRADE CENTER WAY #4
NAPLES, FL 34109

New Mailing Address:

C/O SANDCASTLE COMMUNITY MGMT.
400 BUILDING AT PARK CENTRAL NORTH #412
NAPLES, FL 34109

FEI Number: 03-0526744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTZ, TRAVOR
1719 TRADE CENTER WAY
SUITE 4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

LUTZ, TRAVOR
400 BUILDING AT PARK CENTRAL NORTH #412
NAPLES, FL 34109 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:

04/03/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DEMETSKY, PETER
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

Title: VPD
Name: D' ANGELO, VINCENT
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

Title: STD
Name: DEBENEDICTUS, THOMAS
Address: 400 BUILDING AT PARK CENTRAL NORTH #412
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: PETER DEMETSKY

PD

04/03/2012

Electronic Signature of Signing Officer or Director

Date