


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90012 042 \*\*\*\*61.25

<b>DOCUMENT # N05000003487</b>					
1. Entity Name <b>SUSSEX PLACE AT LELY RESORT HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>4501 TAMiami TRAIL NORTH STE 300 NAPLES, FL 34103</b>			Mailing Address <b>4501 TAMiami TRAIL NORTH STE 300 NAPLES, FL 34103</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-4394529</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GRIDER, CRAIG D ESQUIRE 4001 TAMiami TRAIL NORTH STE 300 NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name <b>STOCK COMMUNITY SERVICES, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4501 TAMiami TRAIL NORTH STE 300</b> City <b>NAPLES</b> FL Zip Code <b>34103</b>	
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 <u><i>Sandra Houldsworth</i></u> VP DATE <u>1-17-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPIVEY, BLAINE		NAME		
STREET ADDRESS	4501 TAMiami TRAIL NORTH, STE 300		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIEFENBACH, RENEE		NAME	Sandra Houldsworth	
STREET ADDRESS	4501 TAMiami TRAIL NORTH STE 300		STREET ADDRESS	4501 TAMiami TRAIL NORTH STE 300	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOULDSWORTH, SANCY		NAME	VALERIC SCHECHINGER	
STREET ADDRESS	4501 TAMiami TRAIL NORTH STE 300		STREET ADDRESS	4501 TAMiami TRAIL NORTH, STE 300	
CITY-ST-ZIP	NAPLES, FL 34103		CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>SANDRA HOULDSWORTH</u> <i>Sandra Houldsworth</i> VP. 1-17-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66003001



01162006 Chg-NP CR2E037 (11/05)

Zip Code 34103

DATE 1-17-06

239-261-9232



ATTACHMENT

66003637

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

SUSSEX PLACE AT LELY RESORT HOMEOWNERS ASSOCIATION, INC  
4501 TAMIAMI TRAIL NORTH STE 300  
NAPLES, FL 34103

Subject: SUSSEX PLACE AT LELY RESORT HOMEOWNERS ASSOCIATION,

Reference Number: **N05000003487**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION