


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90352 024 \*\*\*\*61.25

<b>DOCUMENT # N05000003487</b>					
<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 - No P.O. Box #</b> 3372 Woods Edge Cir Suite, Apt. #, etc. SUITE 101		<b>3. Mailing Address</b> 3372 Woods Edge Cir Suite, Apt. #, etc. SUITE 101			
<b>City &amp; State</b> Bonita Springs FL Zip 34134 Country LEE		<b>City &amp; State</b> Bonita Springs FL Zip 34134 Country LEE		<b>4. FEI Number</b> 20-4394529 <b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04072008 Chg-NP CR2E037 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> GRIDER, CRAIG D ESQUIRE STOCK COMMUNITY S LLC 4501 TAMIAMI TRL N 350 NAPLES, FL 34103			<b>7. Name and Address of New Registered Agent</b> Name <u>John C. Goede, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) 9915 Tamiami Trail N, Suite 1 City <u>Naples, FL</u> <u>FL</u> Zip Code <u>34108</u>		
<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.</b>					
SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/24/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> SPIVEY, BLAINE <b>STREET ADDRESS</b> 4501 TAMIAMI TRAIL NORTH, STE 300 <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PRESIDENT/D <b>NAME</b> DOUGLAS BAUCKHAM <b>STREET ADDRESS</b> 2668 SUSSEX CT. <b>CITY-ST-ZIP</b> NAPLES, FL 34113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> HOULOSWORTH, SANDRA <b>STREET ADDRESS</b> 4501 TAMIAMI TRL N STE300 <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP/D <b>NAME</b> ADRIANNE LITTLE <b>STREET ADDRESS</b> 7675 SUSSEX CT <b>CITY-ST-ZIP</b> NAPLES, FL 34113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> SCHECHINDER, VALERIC <b>STREET ADDRESS</b> 4501 TAMIAMI TRAIL NORTH STE 300 <b>CITY-ST-ZIP</b> NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T/D <b>NAME</b> KATE CARRANO <b>STREET ADDRESS</b> 7660 SUSSEX CT. <b>CITY-ST-ZIP</b> NAPLES, FL 34113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		