

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 04, 2009
Secretary of State

DOCUMENT# N05000011246

Entity Name: HAWTHORNE AT LELY RESORT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**TROPICAL ISLES MANGEMENT
12734 KENWOOD LANE #49
FORT MYERS, FL 33907**New Principal Place of Business:**SANDCASTLE COMMUNITY MANAGEMENT
1719 TRADE CENTER WAY #4
NAPLES, FL 34109**Current Mailing Address:**TROPICAL ISLES MANGEMENT
12734 KENWOOD LANE #49
FORT MYERS, FL 33907**New Mailing Address:**SANDCASTLE COMMUNITY MANAGEMENT
P.O. BOX 8478
NAPLES, FL 34101**FEI Number:** 20-3737024**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**DE ARMAS, EDUARDO
1719 TRADE CENTER WAY #4
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: EDUARDO DE ARMAS

06/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BATEMAN, ARTHUR L
Address: 2245 VENETIAN COURT, BLDG. 4
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: DERSCH, BILL
Address: 7869 HAWTHORNE DR. #304
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: ANDERSON, BRENDA
Address: 4757 STADFORD CT #2501
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THACHER, THOMAS
Address: 7854 HAWTHORNE TERRACE #1304
City-St-Zip: NAPLES, FL 34113

Title: VPSD (X) Change () Addition
Name: GIBSON, JOHN
Address: 7853 HAWTHORNE DRIVE #701
City-St-Zip: NAPLES, FL 34113

Title: TD (X) Change () Addition
Name: MUMMA III, EARL
Address: 7873 HAWTHORNE DRIVE #204
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: THOMAS THACHER

PD

06/04/2009

Electronic Signature of Signing Officer or Director

Date