


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90456 037 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N05801</b>                               |  |
| 1. Entity Name<br><b>LELY VILLAS ASSOCIATION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>BAYVIEW PROPERTY MGMT<br/>4600 ENTERPRISE AVE STE A<br/>NAPLES FL 34104<br/>US</b> | Mailing Address<br><b>BAYVIEW PROPERTY MGMT<br/>4600 ENTERPRISE AVE STE A<br/>NAPLES FL 34104<br/>US</b> |
|--|--|



|   |   |
|---|---|
| 2. Principal Place of Business<br><b>500 Logan Blvd. So</b> | 3. Mailing Address<br><b>500 Logan Blvd. So</b> |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                             |

1st MOORE CR2E037 (10/05)

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br><b>Naples, FL</b> | City & State<br><b>Naples, FL</b> |
| Zip<br><b>34119</b>               | Zip<br><b>34119</b>               |
| Country<br><b>USA</b>             | Country<br><b>USA</b>             |

|                                    |   |  |
|------------------------------------|---|--|
| 4. FEI Number<br><b>59-2567258</b> | Applied For<br><input type="checkbox"/> | Not Applicable<br><input type="checkbox"/> |
|------------------------------------|---|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|--|---------------------------------------|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><b>WRIGHT, RUSSELL<br/>4600 ENTERPRISE AVE, STE A<br/>NAPLES FL 33942</b> |
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|  |
|--|
| 7. Name and Address of New Registered Agent        |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State<br><b>FL</b>                                 |
| Zip Code   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

|  |   |                                    |  |
|--|---|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS  |                                 |
|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Delete |
| <b>PD<br/>GAITENS, JIM<br/>600 AUGUSTA BLVD<br/>NAPLES FL 34113</b>   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Delete |
| <b>D<br/>WALRATH, JERRY<br/>590 AUGUSTA BLVD<br/>NAPLES FL 34113</b>  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Delete |
| <b>TD<br/>WAGNER, ERNEST<br/>622 AUGUSTA BLVD<br/>NAPLES FL 34113</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Delete |
| <b>SD<br/>KELLEY, FRANK<br/>594 AUGUSTA BLVD<br/>NAPLES FL 34113</b>  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Delete |
| <b>VPD<br/>SKINNER, DUKE<br/>592 AUGUSTA BLVD<br/>NAPLES FL 34113</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Delete |
|   |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *acting Secretary* **4-3-06** **434-6100**