

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90248 012 ****61.25

DOCUMENT # N06000006312

1. Entity Name
ALDEN WOODS AT LELY RESORT CONDOMINIUM ASSOCIATION, INC.



40096965



04302008 Chg-NP CR2E037 (12/06)

4. FEI Number **26-0204073** Applied For
APPLIED FOR Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2. Principal Place of Business - No P.O. Box #
27180 BAY LANDING DR

3. Mailing Address
27180 BAY LANDING DRIVE

Suite, Apt. #, etc.
STE 4

City & State
BONITA SPRINGS FL

Zip
34135

Country
USA

6. Name and Address of Current Registered Agent

LOEHR, TIM
OMNI MANAGEMENT SVCS
27499 RIVERVIEW CENTER BLVD #134
BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent

Name **JOHN O' GORMAN**

Street Address (P.O. Box Number is Not Acceptable)
STERLING PROPERTY SERVICES
27180 BAY LANDING DRIVE # 4

City **BONITA SPRINGS FL** Zip Code **34135**

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 **JOHN O' GORMAN** *[Signature]* **PKP** **4/30/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY - ST - ZIP	DP LISTON, DAVID L 5801 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BEITER, DAN 5801 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ERON, CHAD 5801 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* **4/30/08** **239 947 4552**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #