


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000012466						FILED 08 SEP 22 PH 1: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA																											
1. Entity Name THE LANDINGS AT LELY CONDOMINIUM ASSOCIATION, INC.				Principal Place of Business 965 PEGGY CIRCLE NAPLES, FL 34114				Mailing Address 6700 LONE OAK BLVD NAPLES, FL 34109																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address P.O. Box 110156 Suite, Apt. #, etc.				09082008 Chg-NP CR2E037 (12/06)																									
City & State Naples, FL				4. FEI Number 90-0356989				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
Zip 34108		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent GUARDIAN PROPERTY MANAGEMENT 6700 LONE OAK BLVD NAPLES, FL 34109						7. Name and Address of New Registered Agent Name: <u>William D. White, CAM</u> Street Address (P.O. Box Number is Not Acceptable): <u>2310 Della Dr</u> City: <u>Naples</u> FL Zip Code: <u>34117</u>																											
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>William D. White</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>						DATE: <u>9/8/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																											
Amended AR is \$61.25				9. Election Campaign Financing <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																											
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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: <u>William D. White Sec.</u>						DATE: <u>9/8/08</u> <u>239-352-6780</u>																											