

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006211

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** ALICO LAKES VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

1427 W SAGINAW HIGHWAY SUITE 200  
EAST LANSING, MI 48823

**New Principal Place of Business:**

**Current Mailing Address:**

1427 W SAGINAW HIGHWAY SUITE 200  
EAST LANSING, MI 48823

**New Mailing Address:**

**FEI Number:** 26-0646933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

R&A AGENTS, INC.  
2320 FIRST STREET SUITE 1000  
FORT MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KRAMER, EVERT  
Address: 1427 W SAGINAW HIGHWAY SUITE 200  
City-St-Zip: EAST LANSING, MI 48823

Title: VD ( ) Delete  
Name: CHAPPELLE, SCOTT  
Address: 1427 W SAGINAW HIGHWAY SUITE 200  
City-St-Zip: EAST LANSING, MI 48823

Title: STD ( ) Delete  
Name: JOHNSON, ALLEN  
Address: 1427 W SAGINAW HIGHWAY SUITE 200  
City-St-Zip: EAST LANSING, MI 48823

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SCOTT A. CHAPPELLE

PRES

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date