FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

APPROVED AND FILED

95 MAY -1 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36991 (0)

1. Corporate Name

LELY RESORT MASTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business
P.O. BOX 11209
NAPLES FL 33941-1209

Mailing Address
P O BOX 11209
NAPLES FL 33941-1209

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1990
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0195144 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Certificate of Status Desired [ ] $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] $68.75 Supplemental Fee Not Required
8. This corporation is liable for income tax under § 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business
21
Suite Apt. #
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. #
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

STANLEY, JOHN F.
2660 AIRPORT RD, SOUTH
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
82 Street Address or P.O. Box Number is Not Acceptable
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the duties of Section 607.0505, Florida Statutes.

SIGNATURE:

12. Officers And Directors

Title	PD
NAME	AGNELLI, JOHN J.
Street Address	373 BAY MEADOWS DR
City, State, Zip	NAPLES FL
Title	STD
NAME	CLARK, MARY C
Street Address	8825 E TAMIAMI TRAIL
City, State, Zip	NAPLES FL
Title	VP/D
NAME	SENKEVICH, WILLIAM J
Street Address	8825 E TAMIAMI TRAIL
City, State, Zip	NAPLES FL

13. Additions and Changes to Officers and Directors

[ ] Change [ ] Addition

14. I hereby certify that the information contained herein, to the best of my knowledge, is true and correct, and that the information indicated on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of the report or is entered in Block 13 with an officer or director.

SIGNATURE: April 13, 1995 (813)774-5333

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

John J. Agnelli, President

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