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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36991

1. Corporation Name

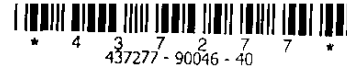
LELY RESORT MASTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 11209
 NAPLES FL 34101
 US

Mailing Address

P.O. BOX 11209
 NAPLES FL 34101
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/08/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0195144	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

BRASETH, ROBERT
8825 TAMiami TRAIL E.
NAPLES FL 34113

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRO	1.1 TITLE	
NAME	DE LANGE, LUKE	1.2 NAME	
STREET ADDRESS	8825 TAMiami TRAIL E.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	NAPLES FL	1.4 CITY-STATE-ZIP	
TITLE	VPD	2.1 TITLE	VPD
NAME	SENKEVICH, BILL	2.2 NAME	Ryan Joe
STREET ADDRESS	8825 TAMiami TRAIL E.	2.3 STREET ADDRESS	8825 Tamiami Trail East
CITY-STATE-ZIP	NAPLES FL	2.4 CITY-STATE-ZIP	Naples, FL 34113
TITLE	D	3.1 TITLE	Michael Hughes
NAME	SHINDLE, CARRIE	3.2 NAME	Michael Hughes
STREET ADDRESS	6 LANAI CIRCLE	3.3 STREET ADDRESS	2030 County Barn Rd
CITY-STATE-ZIP	NAPLES FL	3.4 CITY-STATE-ZIP	Naples FL 34112
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

901 724 5333

Daytime Phone #

CR2E037 (1-1/98)