2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90457 006 ****61.25

DOCUMENT # N36991

1. Entity Name
LELY RESORT MASTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 11209 NAPLES, FL 34101 US	P.O. BOX 11209 NAPLES, FL 34101 US

04142004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Bank America Center 4501 Tamiami Trl. N.	Bank America Center 4501 Tamiami Trl. N.
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State Naples, FL	City & State Naples, FL
Zip 34103 Country USA Collier	Zip 34103 Country USA Collier

4. FEI Number
65-0195144
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LANGE, LUKE ESQ. 8825 EAST TAMIAMI TRAIL NAPLES, FL 34113	Name: Stock Community Services, LLC Street Address (P.O. Box Number is Not Acceptable): Bank America Center 4501 Tamiami Trl. N., Suite 300 City: Naples FL Zip Code: 34103

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: Renee' Tiefenbach — Signature, typed or printed name of registered agent and title if applicable.
Renee' Tiefenbach — (NOTE: Registered Agent signature required when reinstating)
DATE: 4/16/04

Filing Fee is $61.25
Due by May 1, 2004

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 DE LANGE, LUIT 8825 TAMIAMI TRAIL E. NAPLES, FL 34113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Renee' Tiefenbach Bank America Center 4501 Tamiami Trail N. Ste 300 Naples, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BUCKLEY, MICHELLE 8825 TAMIAMI TRAIL E. NAPLES, FL 34113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. / Director Luis, De Lange 8825 Tamiami Trl. E. Naples, FL 34113	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRICK, BRIAN 5692 STRAND CT NAPLES, FL 34110	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Treasurer / Director Sandy Houdsworth Bank America Center 4501 ~~Center~~ Tamiami Trail N. Ste 300 Naples, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Renee' Tiefenbach — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/16/04
Daytime Phone #: 239-592-7344 x218