## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N36991

NAPLES, FL 34103

**FILED** Nov 01, 2007 Secretary of State

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

**Current Principal Place of Business:** New Principal Place of Business:

C/O STOCK COMMUNITY SRVS. C/O STOCK COMMUNITY SERVICES 2647 PROFESSIONAL SUITE, #1213 STE. 101

NAPLES, FL 34119

New Mailing Address: **Current Mailing Address:** 

BANK AMERICA CENTER C/O STOCK COMMUNITY SERVICES

4980 TAMIAMI TRL. N. 300 2647 PROFESSIONAL CIRCLE, SUITE #1213 NAPLES, FL 34103

NAPLES, FL 34119 US

FEI Number: 65-0195144 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

STOCK COMMUNITY SERVICES, LLC STOCK COMMUNITY SERVICES, LLC BANK AMERICA CENTER 2647 PROFESSIONAL CIRCLE, SUITE #1213

4501 TAMIAMI TRL. N., SUITE 300 NAPLES, FL 34119 NAPLES, FL 34103 US

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: BLAINE SPIVEY 11/01/2007

Electronic Signature of Registered Agent Date

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

() Delete (X) Change ( ) Addition

SPIVEY, BLAINE SPIVEY, BLAINE Name: Name:

4501 TAMIAMI TRAIL NORTH, #300 Address: 2647 PROFESSIONAL CIRCLE, SUITE #1213 Address:

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34119

Title: () Delete Title: (X) Change ( ) Addition HOULDSWORTH, SANDRA Name: HOULDSWORTH, SANDRA Name:

Address: 4501 TAMIAMI TRAIL N. STE. 300 Address: 2647 PROFESSIONAL CIRCLE, SUITE #1213

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34119

Title: DST () Delete Title: DST (X) Change ( ) Addition

SCHECHINGER, VALERIE Name: DELANEY, BOB Name: 2647 PROFESSIONAL CIRCLE, SUITE #1213 Address: 4501 TAMIAMI TRAIL N. STE. 300 Address:

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34119

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: SANDRA HOULDSWORTH DVP 11/01/2007