

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90198 015 ****61.25

DOCUMENT # N36991 1. Entity Name LELY RESORT MASTER PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business C/O STOCK COMMUNITY SERVICES 2647 PROFESSIONAL SUITE, #1213 NAPLES, FL 34119 US			Mailing Address C/O STOCK COMMUNITY SERVICES 2647 PROFESSIONAL CIRCLE, SUITE #1213 NAPLES, FL 34119 US		
2. Principal Place of Business - No P.O. Box # STOCK DEVELOPMENT Suite, Apt. #, etc.		3. Mailing Address 2647 Professional Circle Suite, Apt. #, etc. 1201			
City & State NAPLES, FL		City & State NAPLES, FL		4. FEI Number 65-0195144	
Zip 34119		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOCK COMMUNITY SERVICES, LLC 2647 PROFESSIONAL CIRCLE, SUITE #1213 NAPLES, FL 34119				7. Name and Address of New Registered Agent Name STOCK DEVELOPMENT Street Address (P.O. Box Number is Not Acceptable) 2647 Professional Circle, Suite 1201 City NAPLES, FL Zip Code 34119	
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 <u><i>[Signature]</i></u> STOCK DEVELOPMENT 4-30-08 <small>Signature, typed or printed name of registered agent and title must be provided. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SPIVEY, BLAINE 2647 PROFESSIONAL CIRCLE, SUITE #1213 NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAD KOSCES 2647 Professional Circle, Suite 1201 NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOULDSWORTH, SANDRA 2647 PROFESSIONAL CIRCLE, SUITE #1213 NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DELANEY, BOB 2647 PROFESSIONAL CIRCLE, SUITE #1213 NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Keith Geider 2647 Professional Circle Suite 1201 NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-30-08 <small>Date Daytime Phone #</small>		