2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N36991

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

Current Principal Place of Business:

C/O STOCK COMMUNITY SERVICES
2647 PROFESSIONAL SUITE, #1213
NAPLES, FL 34119 US

New Principal Place of Business:

C/O STOCK COMMUNITY SERVICES
2647 PROFESSIONAL SUITE, #1201
NAPLES, FL 34119 US

Current Mailing Address:

2647 PROFESSIONAL CIRCLE
1201
NAPLES, FL 34119 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

STOCK DEVELOPMENT
2647 PROFESSIONAL CIRCLE, SUITE #1201
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: KOSCES, CHAD
Address: 2647 PROFESSIONAL CIRCLE STE 1201
City-St-Zip: NAPLES, FL 34119

Title: DVP (X) Delete
Name: HOULDSWORTH, SANDRA
Address: 2647 PROFESSIONAL CIRCLE, SUITE #1213
City-St-Zip: NAPLES, FL 34119

Title: DST ( ) Delete
Name: GELDER, KEITH
Address: 2647 PROFESSIONAL CIRCLE STE 1201
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHAD KOCSES DP 03/26/2009

Electronic Signature of Signing Officer or Director — Date