

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 01, 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, #1201
NAPLES, FL 34119 US**New Principal Place of Business:**C/O STOCK DEVELOPMENT
2647 PROFESSIONAL CIRCLE, SUITE 1201
NAPLES, FL 34119 US**Current Mailing Address:**2647 PROFESSIONAL CIRCLE
1201
NAPLES, FL 34119 US**New Mailing Address:**2647 PROFESSIONAL CIRCLE, SUITE 1201
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:**STOCK DEVELOPMENT
2647 PROFESSIONAL CIRCLE, SUITE #1201
NAPLES, FL 34119 US**Name and Address of New Registered Agent:**STOCK DEVELOPMENT
2647 PROFESSIONAL CIRCLE, SUITE 1201
NAPLES, FL 34119 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: _____

05/01/2009

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KOSCES, CHAD
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201
City-St-Zip: NAPLES, FL 34119

Title: DST (X) Change () Addition
Name: GELDER, KEITH
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201
City-St-Zip: NAPLES, FL 34119

Title: DVP () Change (X) Addition
Name: MCCHESNEY, VALERIE
Address: 2647 PROFESSIONAL CIRCLE, SUITE 1201
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: CHAD KOCSES

DP

05/01/2009

Electronic Signature of Signing Officer or Director

Date