

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36991

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



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

Mailing Address
P.O. BOX 11209
NAPLES, FL 34101 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRICE, R. SCOTT ESQ.
821 FIFTH AVENUE SOUTH
SUITE 201
NAPLES, FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUDICK, RICH 8825 TAMiami TRAIL E. NAPLES, FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYAN, JOE 8825 TAMiami TRAIL E. NAPLES, FL 34113	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, ROMIE 8825 E TAMiami TRAIL NAPLES, FL 34113	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP de Lange, Luke 8825 Tamiami Trail East Naples, Florida 34113	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Buckley, Michelle 8825 Tamiami Trail East Naples, Florida 34113	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST de Lange, Margriet 8825 Tamiami Trail East Naples, Florida 34113	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700015278637 04/03/03--01013--011 **88.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Luke de Lange, President

03/21/03

239-774-5333

Date Daytime Phone #

FILED

03 MAR 27 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0195144

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

CR2E037 (10/02)