

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:16

**DOCUMENT # N39038 (7)**

1. Corporation Name

**LELY ACADEMIC BOOSTERS CLUB, INC.**

Principal Place of Business	Mailing Address
324 LELY BLVD 700 ELEVENTH STREET SOUTH, SUITE 203 NAPLES FL 33942 US	324 LELY BLVD 700 ELEVENTH STREET SOUTH, SUITE 203 NAPLES FL 33962 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/09/1990</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0199076</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIESKY, JAMES H. ESQUIRE 1000 N. TAMAMI TR. STE 201 NAPLES FL 33940	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SEAMPLES, MARCEL	1.1 TITLE	James Campbell <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1484 FOXFIRE LN	1.2 NAME	113 Quail Hollow Court
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	Naples, Florida 33962
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD KNOSEN, CHRIS	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2316 ELIZABETH CT	2.2 NAME	Laurie Owens
STREET ADDRESS	NAPLES FL	2.3 STREET ADDRESS	2308 Elizabeth Court
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples, Florida 33962
TITLE	TD KENNEDY, PAT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	220 BALTUSROL DR	3.2 NAME	
STREET ADDRESS	NAPLES FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD BURNETT, GERRY	4.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	939 BLUE BIRD ST	4.2 NAME	David Amico
STREET ADDRESS	NAPLES FL	4.3 STREET ADDRESS	2333 Kings Lake Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, Florida 33962
TITLE	SD FOLSON, NAN	5.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1919 INDIAN HILL DR	5.2 NAME	Kathy Anderson
STREET ADDRESS	MARCO ISLAND FL	5.3 STREET ADDRESS	2212 Queens Boulevard
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Naples, Florida 33962
TITLE	SD CANNON CAHE	6.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4827 TAHIT LN	6.2 NAME	Gale Cannon
STREET ADDRESS	NAPLES FL	6.3 STREET ADDRESS	4827 Tahiti Lane
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Naples, Florida 33962

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia K. Kennedy* 4-10-95 (813) 794-4619  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Florida Treas #