

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39423

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** LELY ISLAND ESTATES NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

LELY CIRCLE  
NAPLES, FL 34113 US

**New Principal Place of Business:**

**Current Mailing Address:**

4985 EAST TAMIAMI TRAIL  
NAPLES, FL 34113 US

**New Mailing Address:**

**FEI Number:** 65-0227471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SAMOUCHEM, ROBERT  
800 LAUREL OAK DRIVE  
SUITE 30  
NAPLES, FL 34108 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: D ( ) Delete  
Name: SMITH, LOUIS  
Address: 8949 LELY ISLAND CIRCLE  
City-St-Zip: NAPLES, FL 34113

Title: DSV ( ) Delete  
Name: BOEHME, PETER  
Address: 8894 LELY ISLAND CIR.  
City-St-Zip: NAPLES, FL 34113

Title: PD ( ) Delete  
Name: DRUM, KENNETH  
Address: 8404 MALLOW LANE  
City-St-Zip: NAPLES, FL 34113

Title: DT ( ) Delete  
Name: OUSLEY, NORA  
Address: 8873 LELY ISLAND CIRCLE  
City-St-Zip: NAPLES, FL 34113

Title: D ( ) Delete  
Name: IGLIO, ANTHONY  
Address: 8873 LELY ISLAND CIRCLE  
City-St-Zip: NAPLES, FL 34113

**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:

Title: DT (X) Change ( ) Addition  
Name: ZEMAN, ANTON  
Address: 8888 LELY ISLAND CIRCLE  
City-St-Zip: NAPLES, FL 34113

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH DRUM

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date