

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39423

FILED
Apr 28, 2008
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:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
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:

SAMOUCEM, ROBERT
800 LAUREL OAK DRIVE
SUITE 30
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

BRYANT, DAVID E
215 AIRPORT PULLING ROAD S
NAPLES, FL 34104 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: DAVID BRYANT

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: COURTER, STACY
Address: 8870 LELY ISLAND CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: DIGNOTI, ANTHONY
Address: 8892 LELY ISLAND CIRCLE
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: ZEMAN, ANTON
Address: 8888 LELY ISLAND CIRCLE
City-St-Zip: NAPLES, FL 34113

Title: VSD () 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: TD (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 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

04/28/2008

Electronic Signature of Signing Officer or Director

Date