

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45640

FILED
Feb 18, 2005
Secretary of State

Entity Name: LELY BAND BOOSTERS, INC.

Current Principal Place of Business:

1 LELY HIGH SCHOOL BLVD.
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

1 LELY HIGH SCHOOL BLVD.
NAPLES, FL 34113

New Mailing Address:

FEI Number: 65-0289393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILUM, RAYMOND L
4518 ROBIN AVENUE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

CARABBA, DEBBIE
2499 KINGS LAKE BLVD
NAPLES, FL 34112 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: DEBBIE CARABBA 02/18/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MILUM, JENNIFER
Address: 4518 ROBIN AVE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: LEUTZ, ANGELA
Address: 990 MOON LAKE DR
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: MILUM, RAYMOND L JR
Address: 4518 ROBIN AVE
City-St-Zip: NAPLES, FL 34104

Title: PD () Delete
Name: LEUTZ, SUSAN
Address: 990 MOON LAKE DR
City-St-Zip: NAPLES, FL 34104

Title: D (X) Delete
Name: CARABBA, DEBBIE
Address: 2499 KINGS LAKE BLVD
City-St-Zip: NAPLES, FL 34104

Title: SD (X) Delete
Name: BURT, KATHY
Address: 5334 JENNINGS STREET
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CARABBA, DEBBIE
Address: 2499 KINGS LAKE BLVD
City-St-Zip: NAPLES, FL 34112

Title: PD (X) Change () Addition
Name: CARABBA, JAMES
Address: 2499 KINGS LAKE BLVD
City-St-Zip: NAPLES, FL 34112

Title: TD (X) Change () Addition
Name: MOLESKEY, LINDA S
Address: 2233 ROYAL LANE
City-St-Zip: NAPLES, FL 34112

Title: SD (X) Change () Addition
Name: BURT, KATHY
Address: 5334 JENNINGS STREET
City-St-Zip: NAPLES, FL 34113

Title: () Change () Addition

Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LINDA S. MOLESKEY TD 02/18/2005
Electronic Signature of Signing Officer or Director Date