

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000632 (8)**

1. Corporation Name

**CHASE PRESERVE OF LELY RESORT HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1800 WELLESLEY CIRCLE  
NAPLES FL 33999**

**1800 WELLESLEY CIRCLE  
NAPLES FL 34116-6104**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

**1044 Castello Drive**

27

Suite, Apt. #, etc.

28

**Suite 206**

29

City & State

30

**Naples, Florida**

31

Zip

32

**34103**

Country

**USA**

3. Date Incorporated or Qualified

**02/06/1995**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**31-1406659**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**VOLPE, MICHAEL J  
4001 TAMiami TRAIL NORTH  
SUITE 330  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name  
**Southwest Property Management Corp.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1044 Castello Drive**  
83 Suite 206  
84 City  
**Naples, Florida** **FL** 85 Zip Code  
**34103**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 implications of, Section 617.0503, Florida Statutes.

SIGNATURE

*Stephen E. Williams*  
Signature (typed or printed name of registered agent and the if applicable)

**Stephen E. Williams**

(NOTE: Registered Agent signature required when reinstating)

**4/14/97**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPVP</b>	<input type="checkbox"/> DELETE
NAME	<b>GLASER, JOHN F</b>	
STREET ADDRESS	<b>1800 WELLESLEY CIRCLE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SHEA, GERALDINE</b>	
STREET ADDRESS	<b>8534 CHASE PRESERVE DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>SDT</b>	<input type="checkbox"/> DELETE
NAME	<b>VALVANO, MARY</b>	
STREET ADDRESS	<b>1800 WELLESLEY CIRCLE</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Mary Valvano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARY VALVANO**

**4/24/97**

Date

**941 353/21**

Daytime Phone # **0080189**

CR2E037 (9/96)