

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500000632

1. Corporation Name

CHASE PRESERVE OF LELY RESORT HOMEOWNER'S ASSOCI ATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

1600 WELLESLEY CIRCLE NAPLES FL 33999

1044 CASTELLO DR.

NAPLES FL 34103

2a. Mailing Address

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## FILED May 06, 1999 8:00 am \$ Secretary of State

05-06-1999 90247 016 \*\*\*\*61.25



3. Date Incorporated or Qualifed

21		26 P O 600X	09	10	02/06/1995		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	olied For
22		27			31-1406659	Not	Applicable
City & Stat	City & State City & State		<b>r</b>	1	5. Certifcate of Status Desired	\$8.75 A	
23				<u></u>		Fee Red	
Zip	Country		Cor		6. Election Campaign Financing	\$5.00	
24	25	29 04101	30	<u>us</u>	Trust Fund Contribution	Added to	Fees
Name and Address of Current Registered Agent				81 Name			
				81 Name Stephen P. Hart			
SOUTHWEST PROPERTY MANAGEMENT CORP.				82 Street Address (P.O. Box Number is Not Acceptable)			
1044 CASTELLO DR.				Coller Financial			
STE. 206				" 4985 East lamiami (ai)			
NAPLES FL 34103				84 City \  Q  P  P \ FL   85   Zip Code 2			
				100	14167		
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 obligations of Section 617.0503, Florida Statutes.							
agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.							
SIGNATURE //C/97							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12.	OFFICERS AND	DIRECTORS	13.	T	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	DPVP	□ DELETE	1.1 Ti			C) cuange	
NAME	GLASER, JOHN F			1			
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP		[] Change	Addition
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NAME			4.2 N	AME			
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CITY-ST-ZIP				TY-ST-ZIP			
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NAME			5.2 N				1
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CITY-ST-ZIP				TY-ST-ZIP			
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NAME			6.2 N				
STREET ADDRESS			1	REET ADDRESS			Ì
CITY-ST-ZIP		ALL CITY AND A STATE OF THE STA		TY-ST-ZIP	Section 110 07/2Vi) Elected Statutos I further		

indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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, with all other like empowered.

SIGNATURE: