2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# N98000002420

Entity Name: CHASE PRESERVE AT LELY RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

CHASE PERSERVE DRIVE
8524-8547
NAPLES, FL 34113

New Principal Place of Business:

CHASE PRESERVE DRIVE
8524-8547
NAPLES, FL 34113

Current Mailing Address:

PO BOX 8990
NAPLES, FL 34101 US

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

FEI Number: 59-3519743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL IN
4985 EAST TAMIAMI TRAIL
NAPLES, FL 34113 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: TD ( ) Delete
Name: FAGAN, JUSTINE
Address: 8535 CHASE PRESERVE DR
City-St-Zip: NAPLES, FL 34113

Title: PD (X) Delete
Name: HUCKETT, LEONARD
Address: 8543 CAHSE PERSERVE
City-St-Zip: NAPLES, FL 34113

Title: VD ( ) Delete
Name: FUREY, ROBERT
Address: 8539 CHASE PRSERVE DR
City-St-Zip: NAPLES, FL 34113

Title: SD ( ) Delete
Name: SCARANO, RICHARD
Address: 8547 CHASE PRESERVE DR
City-St-Zip: NAPLES, FL 34113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change ( ) Addition
Name: FAGAN, JUSTINE
Address: 8535 CHASE PRESERVE DR
City-St-Zip: NAPLES, FL 34113

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

Title: VD (X) Change ( ) Addition
Name: FUREY, ROBERT
Address: 8539 CHASE PRESERVE DR
City-St-Zip: NAPLES, FL 34113

Title: PD (X) Change ( ) Addition
Name: SCARANO, RICHARD
Address: 8547 CHASE PRESERVE DR
City-St-Zip: NAPLES, FL 34113

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: RICHARD SCARANO PD 04/13/2007

Electronic Signature of Signing Officer or Director — Date