# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 16, 2009**
**Secretary of State**

DOCUMENT# N98000002420

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

**Current Principal Place of Business:**

CHASE PRESERVE DRIVE
8524-8547
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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: TSD (X) Delete
Name: HUCKETT, LEONARD
Address: 8543 CHASE PRESERVE DR
City-St-Zip: NAPLES, FL 34113

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

Title: VD ( ) Delete
Name: LIETZ, PAUL S
Address: 8527 CHASE PRESERVE DR
City-St-Zip: NAPLES, FL 34113

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: PD (X) Change ( ) Addition
Name: LIETZ, PAUL S
Address: 8527 CHASE PRESERVE DR
City-St-Zip: NAPLES, FL 34113

Title: TSD ( ) Change (X) Addition
Name: SCARANO, LINDA
Address: 50 PETER RD
City-St-Zip: PLYMOUTH, MA 02360

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: PAUL LIETZ PD 04/16/2009

Electronic Signature of Signing Officer or Director — Date