Current Pri	ncipal Place of Business: A COURT, SUITE 201 34109		630959558	B2CC
Current Mai	iling Address:			
	ERIA COURT, SUITE 201 L 34109 US			
FEI Number: 03-0526744			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
SANDCASTLE COMMUNITY MANAGEMENT 9150 GALLERIA COURT SUITE 201 NAPLES , FL 34109 US				
	34109 US			
NAPLES, FL 3	34109 US d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida	
NAPLES , FL 3		stered office or regis	0	4/14/2021
NAPLES , FL 3	d entity submits this statement for the purpose of changing its regis	stered office or regis	0	
NAPLES , FL 3	d entity submits this statement for the purpose of changing its regis E: DAMIAN SCHAEFFER	stered office or regis	0	4/14/2021
NAPLES , FL 3	d entity submits this statement for the purpose of changing its regis E: DAMIAN SCHAEFFER Electronic Signature of Registered Agent	stered office or regis	0	4/14/2021
NAPLES , FL 3 The above name SIGNATURE Officer/Dire	d entity submits this statement for the purpose of changing its regis E: DAMIAN SCHAEFFER Electronic Signature of Registered Agent ctor Detail :		0	4/14/2021
NAPLES , FL 3 The above name SIGNATURE Officer/Dire Title	d entity submits this statement for the purpose of changing its regis E: DAMIAN SCHAEFFER Electronic Signature of Registered Agent ctor Detail : PRESIDENT	Title	0 TREASURER	4/14/2021 Date
NAPLES , FL 3 The above name SIGNATURE Officer/Dire Title Name	d entity submits this statement for the purpose of changing its regis E: DAMIAN SCHAEFFER Electronic Signature of Registered Agent Ctor Detail : PRESIDENT YOUNG, MARIELLEN 9150 GALLERIA COURT SUITE 201	Title Name	0 TREASURER IRISH, MIKE 9150 GALLERIA COURT SUITE 20	4/14/2021 Date
NAPLES , FL 3 The above name SIGNATURE Officer/Dire Title Name Address	d entity submits this statement for the purpose of changing its regis E: DAMIAN SCHAEFFER Electronic Signature of Registered Agent Ctor Detail : PRESIDENT YOUNG, MARIELLEN 9150 GALLERIA COURT SUITE 201	Title Name Address	0 TREASURER IRISH, MIKE 9150 GALLERIA COURT SUITE 20	4/14/2021 Date
NAPLES , FL 3 The above name SIGNATURE Officer/Dire Title Name Address City-State-Zip:	d entity submits this statement for the purpose of changing its regis E: DAMIAN SCHAEFFER Electronic Signature of Registered Agent ctor Detail : PRESIDENT YOUNG, MARIELLEN 9150 GALLERIA COURT SUITE 201 NAPLES FL 34109	Title Name Address City-State-Zip:	0 TREASURER IRISH, MIKE 9150 GALLERIA COURT SUITE 20 NAPLES FL 34109	4/14/2021 Date

City-State-Zip: NAPLES FL 34109

I hereby 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 all other like empowered.

SIGNATURE: MARIELLEN YOUNG

PRESIDENT

City-State-Zip: NAPLES FL 34109

Secretary of State

FILED Apr 14, 2021

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0300007564

Entity Name: ASCOT AT LELY RESORT, A CONDOMINIUM ASSOCIATION, INC