

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36991

FILED
Mar 22, 2022
Secretary of State
1687565494CC**Entity Name:** LELY RESORT MASTER PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O VESTA PROPERTY SVCIES
27180 BAY LANDING DRIVE, SUITE 4
BONITA SPRINGS, FL 34135**Current Mailing Address:**C/O VESTA PROPERTY SVCIES
27180 BAY LANDING DRIVE, SUITE 4
BONITA SPRINGS, FL 34135 US**FEI Number:** 65-0195144**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VESTA PROPERTY SERVICES
C/O VESTA PROPERTY SVCIES
27180 BAY LANDING DRIVE, SUITE 4
BONITA SPRINGS, FL 34135 US*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:** JAMES TANIGAWA**03/22/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	VICEDOMINI, SUSAN
Address	C/O VESTA PROPERTY SVCIES 27180 BAY LANDING DRIVE, SUITE 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	VP
Name	PRIESTLEY, ROBERT
Address	C/O VESTA PROPERTY SVCIES 27180 BAY LANDING DRIVE, SUITE 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	SECRETARY
Name	HARR, KENNETH
Address	C/O VESTA PROPERTY SVCIES 27180 BAY LANDING DRIVE, SUITE 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	TREASURER
Name	SNYDER, PAUL
Address	C/O VESTA PROPERTY SVCIES 27180 BAY LANDING DRIVE, SUITE 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	CHQUETTE, GABE
Address	C/O VESTA PROPERTY SVCIES 27180 BAY LANDING DRIVE, SUITE 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	GLASSMAN, JAN FACE
Address	C/O VESTA PROPERTY SVCIES 27180 BAY LANDING DRIVE, SUITE 4
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	ALLEN, TIM
Address	C/O VESTA PROPERTY SVCIES 27180 BAY LANDING DRIVE, SUITE 4
City-State-Zip:	BONITA SPRINGS FL 34135

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: SUSAN VICEDOMINI**PRESIDENT****03/22/2022**

Electronic Signature of Signing Officer/Director Detail

Date