

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90201 048 ****61.25

DOCUMENT # N01000003955

1. Entity Name
HUNTINGTON II OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 10471 SIX MILE CYPRESS PKWY, STE 2
 FORT MYERS FL 33912

Mailing Address
 10471 SIX MILE CYPRESS PKWY, STE 2
 FORT MYERS FL 33912



MOORE CR2E037 (11/03)

Tropical Isles
 MANAGEMENT SERVICES, INC.
 12734 Kenwood Lane, Suite 49
 Fort Myers, Florida 33907

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 Fort Myers, Florida 33907

4. FEI Number **65-1125395** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~SHIELDS, CHRISTOPHER J
 1833 HENDRY STREET
 FORT MYERS FL 33901~~

7. Name and Address of New Registered Agent
Tropical Isles
 MANAGEMENT SERVICES, INC.
 12734 Kenwood Lane, Suite 49
 Fort Myers, Florida 33907
 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *[Signature]* *4/25/04*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEBITETTO, JOHN 10471 SIX MILE CYPRESS PKWY, STE 2 FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEFTWICH, STEVEN 10471 SIX MILE CYPRESS PKWY, STE 2 FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KNOWLES, KIRK 10471 SIX MILE CYPRESS PKWY, STE 2 FORT MYERS FL 33912	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D-P Ed Willard 14621 Sherbrook Pl, #106 Ft. Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D-VP Saundra Huguenot 14621 Sherbrook Pl, #104 Ft. Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D-T-S Kathy Metz 14611 Sherbrook Pl, #103 Ft. Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *[Signature]* *4/25/04* *(239) 938-2555*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #