


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90177 005 ****61.25

DOCUMENT # N01000003955

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



40086346



Principal Place of Business: 12734 KENWOOD LANE, SUITE 49, FORT MYERS, FL 33907
 Mailing Address: 12734 KENWOOD LANE, SUITE 49, FORT MYERS, FL 33907

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02072006 Chg-NP CR2E037 (11/05)

| | |
|---|--|
| 4. FEI Number 65-1125395 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| SHIELDS, CHRISTOPHER J 12734 KENWOOD LANE, SUITE 49 FORT MYERS, FL 33907 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | State: 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE: PD NAME: WILLARD, ED STREET ADDRESS: 14621 SHERBROOK PL, #106 CITY-ST-ZIP: FORT MYERS, FL 33912 | <input checked="" type="checkbox"/> Delete | TITLE: P NAME: CHARLES HUGUENOT STREET ADDRESS: 14621 SHERBROOK PL, #104 CITY-ST-ZIP: Ft. MYERS FL 33912 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: DVP NAME: HUGUENOT, SAUNDRA STREET ADDRESS: 14621 SHERBROOK PL, #104 CITY-ST-ZIP: FORT MYERS, FL 33912 | <input checked="" type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: STD NAME: ECKOUT, CAROLE STREET ADDRESS: 14621 SHERBROOK PL, # 103 CITY-ST-ZIP: FORT MYERS, FL 33912 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: ASM NAME: ROEDDING, DON STREET ADDRESS: 12734 KENWOOD LANE CITY-ST-ZIP: FORT MYERS, FL 33907 | <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | 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 exemptions contained 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 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: Charles Huguenot Date: 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #