


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90099 036 ****61.25

DOCUMENT # N01000003955

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



Principal Place of Business Mailing Address

~~13891 JETPORT LOOP-~~ ~~13891 JETPORT LOOP~~
~~SUITES 9 & 10-~~ ~~SUITES 9 & 10~~
~~FORT MYERS FL 33912~~ ~~FORT MYERS FL 33912~~



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

10471 Six Mile Cypress Pkwy *10471 Six Mile Cypress Pkwy*
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 2 *Suite 2*

City & State City & State

Fort Myers, FL *Fort Myers, FL*

Zip Country Zip Country

33912 *USA* *33912* *USA*

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	PD	<input type="checkbox"/> Delete
NAME	DEBITETTO, JOHN	
STREET ADDRESS	13891 JETPORT LOOP #9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KNOWLES, KIRK	
STREET ADDRESS	13891 JETPORT LOOP #9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWN, TOM	
STREET ADDRESS	13891 JETPORT LOOP #9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>10471 Six Mile Cypress Pkwy, Ste 2</i>	
CITY-ST-ZIP	<i>Fort Myers, FL 33912</i>	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Steven Leftwich</i>	
STREET ADDRESS	<i>10471 Six Mile Cypress Pkwy, Ste 2</i>	
CITY-ST-ZIP	<i>Fort Myers, FL 33912</i>	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Kirk Knowles</i>	
STREET ADDRESS	<i>10471 Six Mile Cypress Pkwy, Ste 2</i>	
CITY-ST-ZIP	<i>Fort Myers, FL 33912</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kirk Knowles* **REQUIRE** *3/20/03 (239) 561-6523*

CR2E037 (10/02)