


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N01000007467
1. Entity Name
THE LEGACY FOUNDATION AT SHELL POINT, INC.



Principal Place of Business 15010 SHELL POINT BOULEVARD FORT MYERS, FL 33908	Mailing Address 15010 SHELL POINT BOULEVARD FORT MYERS, FL 33908
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01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0002415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DYS, PETER
15000 SHELL POINT BOULEVARD
FORT MYERS, FL 33908**

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

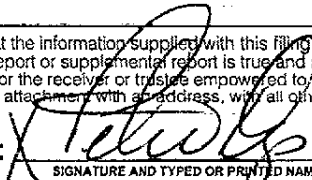
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, ROBERT M 2525 N 117TH AVENUE OMAHA, NE 68164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE WITT, CHARLES 9 VILLAGE CIRCLE MENDHAM, NJ 07945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAVIDSON, JOHN W 128 WESTRIDGE COURT CHAPIN, SC 29036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/06-80024-001 61.25

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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:  **4/24/06** **239-454-2155**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #