


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 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**

**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**80-0002415**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2007**

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

10. OFFICERS AND DIRECTORS

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

U00000610012  
 02/02/07-80004-006 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: *Peter Dys* **Peter Dys, President** 1/23/07 239-454-2155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #