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

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90256 015 ****61.25

DOCUMENT # N03000000974

1. Entity Name

THORNBERRY I OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10471 SIX MILE CYPRESS PARKWAY SUITE #2 FORT MYERS FL 33912	10471 SIX MILE CYPRESS PARKWAY SUITE #2 FORT MYERS FL 33912

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
12734 Kenwood Ln.	12734 Kenwood Ln.
Suite, Apt. #, etc.: Ste 49	Suite, Apt. #, etc.: Ste 49
City & State: Ft. Myer, FL	City & State: Ft. Myer, FL
Zip: 33907 Country:	Zip: 33907 Country:

4. FEI Number: 56-2317342 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS FL 33901	Name: Tropical Isler Management Street Address (P.O. Box Number is Not Acceptable): 12734 Kenwood Ln., Ste 49 City: Ft. Myer FL Zip Code: 33907

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: Don Rodding 4/29/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEBITETTO, JOHN 10471 SIX MILE CYPRESS PARKWAY #2 FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEFTWICH, STEVEN 10471 SIX MILE CYPRESS PARKWAY #2 FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KNOWLES, KIRK 10471 SIX MILE CYPRESS PARKWAY #2 FORT MYERS FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Don Rodding 4/29/04 (239) 939-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #