

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 10471 SIX MILE CYPRESS PARKWAY SUITE #2 FORT MYERS FL 33912	Mailing Address 10471 SIX MILE CYPRESS PARKWAY SUITE #2 FORT MYERS FL 33912
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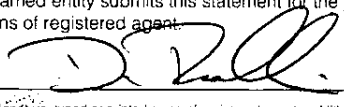
2. Principal Place of Business 12734 Kenwood Ln. Suite, Apt. #, etc. Suite 49 City & State Ft. Myer, FL Zip 33907 Country	3. Mailing Address 12734 Kenwood Ln. Suite, Apt. #, etc. Suite 49 City & State Ft. Myer, FL Zip 33907 Country
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MOORE CR2E037 (11/03)

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

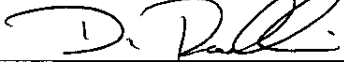
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Don Reedding 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME DEBITETTO, JOHN STREET ADDRESS 10471 SIX MILE CYPRESS PARKWAY #2 CITY-ST-ZIP FORT MYERS FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME LEFTWICH, STEVEN STREET ADDRESS 10471 SIX MILE CYPRESS PARKWAY #2 CITY-ST-ZIP FORT MYERS FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE STD NAME KNOWLES, KIRK STREET ADDRESS 10471 SIX MILE CYPRESS PARKWAY #2 CITY-ST-ZIP 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 Reedding 4/29/04 (235) 939-2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #