

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 041 ****61.25

DOCUMENT # N03000000974 1. Entity Name THORNBERRY I OF LEGENDS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907			Mailing Address 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent TROPICAL ISLER MANAGEMENT 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907				7. Name and Address of New Registered Agent Name Tropical Isler Management 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		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	P Tee Roberts 19421 Cromwell Ct. #103 Ft. Myers, FL 33912	☐ 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	VP Arline Agin 19400 Cromwell Ct. #108 Ft. Myers, FL 33912	☐ 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	T/S James Naples 19420 Cromwell Ct. #203 Ft. Myers, FL 33912	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM Don Roedding 12734 Kenwood Lane Ft. Myers, FL 33907	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ 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: <u>Don Roedding</u> 5/1/05 (235) 935-2995 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					