

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90008 007 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2317342	
Zip		Country		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		
TROPICAL ISLER MANAGEMENT 12734 KENWOOD LN STE 49 FORT MYERS, FL 33907			Name _____ 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 May 1, 2008		9. Election Campaign Financing ☐ \$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	D BURGET, DONALD 19420 CROMWELL CT #105 FORT MYERS, FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRACKER, ANTHONY 19421 CROMWELL CT., #104 FORT MYERS, FL 33912	☒ Delete	TITLE TS NAME Linda Kelly STREET ADDRESS 19421 Cromwell Ct #106 CITY - ST - ZIP Fort Myers, FL 33912	☐ Change ☒ Addition	
TITLE TS NAME AGIN, SOLOMON STREET ADDRESS 19400 CROMWELL CT., #108 CITY - ST - ZIP FORT MYERS, FL 33912	☒ Delete	TITLE P NAME Solomon Agin STREET ADDRESS 19400 Cromwell Ct. #108 CITY - ST - ZIP Fort Myers FL 33912	☒ 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 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 an other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2-18-08 Date Daytime Phone #		