2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 13 PM 12:47

DOCUMENT # N03000000974

1. Entity Name
THORNBERRY I OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12734 KENWOOD LN STE 49 FORT MYERS, FL 33907	C/O MMI OF THE GULF COAST 28731 SOUTH CARGO COURT, SUITE 6 BONITA SPRINGS, FL 34315

07212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
28731 S. Cargo Ct.	same
Suite, Apt. #, etc. Suite 6	Suite, Apt. #, etc.
City & State Bonita Springs, FL	City & State
Zip 34135 Country USA	Zip 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

TROPICAL ISLER MANAGEMENT
12734 KENWOOD LN STE 49
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name MMI of the Gulf Coast, Inc

Street Address (P.O. Box Number is Not Acceptable)
28731 S. Cargo Ct.
Suite 6

City Bonita Springs FL Zip Code 34135

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 J Waters, CAM 7/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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	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	TS KELLY, LINDA 19421 CROMWELL CT. #106 FORT MYERS, FL 33912	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 20013455405 2 08/18/08--01056--013 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AGIN, SOLOMON 19400 CROMWELL CT. #108 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition B 8/13/08

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: Linda A Kelly 7/25/08 239-949-7741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #