

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 03, 2004
Secretary of State**

DOCUMENT# N97000007164

Entity Name: LEGENDS GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC.

Current Principal Place of Business:

LEGENDS GOLF & COUNTRY CLUB
8600 LEGENDS BLVD
FORT MYERS, FL 33912 US

New Principal Place of Business:

New Mailing Address:

11691 GATEWAY BLVD
SUITE 203
FORT MYERS, FL 33913 US

Current Mailing Address:

LEGENDS GOLF & COUNTRY CLUB
8600 LEGENDS BLVD
FORT MYERS, FL 33912 US

FEI Number: 65-0767283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIELDS, CHRISTOPHER J ESQ
1833 HENDRY ST.
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEBITETTO, JOHN
Address: 10471 SIX MILE CYPRESS PKWY, #2
City-St-Zip: FORT MYERS, FL 33912

Title: DVP () Delete
Name: KNOWLES, KIRK
Address: 10471 SIX MILE CYPRESS PKWY #2
City-St-Zip: FORT MYERS, FL 33912

Title: STD () Delete
Name: LEFTWICH, STEVEN
Address: 10471 SIX MILE CYPRESS PKWY #2
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DEBITETTO

PD

03/03/2004

Electronic Signature of Signing Officer or Director

_____ Date