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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N98000003569

1. Corporation Name

WELLINGTON OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

13891 JETPORT LOOP, SUITES 9 AND 10  
FT MYERS FL 33913

Mailing Address

13891 JETPORT LOOP, SUITES 9 AND 10  
FT MYERS FL 33913



2. Principal Place of Business

21 LEGENDS GOLF & COUNTRY CLUB

2a. Mailing Address

26 C/O MIAMI MANAGEMENT

3. Date Incorporated or Qualified

06/18/1998

Suite, Apt. #, etc.

22 14500 FIDDLESTICKS BLVD.

Suite, Apt. #, etc.

27 14275 SW 142 AVE.

4. FEI Number

65-0900746

Applied For

Not Applicable

City & State

23 FORT MYERS, FL.

City & State

28 MIAMI, FL.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 33912

Country

25 USA

Zip

29 33180

Country

30 USA

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION  
NATIONSBANK TOWER  
100 SE 2ND ST, SUITE 2800  
MIAMI FL 33131-2144

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BUJAK, ANDREW  
STREET ADDRESS 13891 JETPORT LOOP, SUITES 9 AND 10  
CITY-ST-ZIP FT MYERS FL 33913

TITLE VD  
NAME FUCHS, MICHAEL  
STREET ADDRESS 13891 JETPORT LOOP, SUITES 9 AND 10  
CITY-ST-ZIP FT MYERS FL 33913

TITLE ST  
NAME MCCHESENEY, VALERIE  
STREET ADDRESS 13891 JETPORT LOOP, SUITES 9 AND 10  
CITY-ST-ZIP FT MYERS FL 33913

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

5/1/99 (941) 561-6522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)