

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90140 028 ****61.25

DOCUMENT # N98000003569

1. Entity Name

WELLINGTON OF LEGENDS CONDOMINIUM ASSOCIATION, I

Principal Place of Business

Mailing Address

**LEGENDS GOLF & COUNTRY CLUB
 14500 FIDDLESTICKS BLVD
 FORT MYERS FL 33912
 US**

**C/O MIAMI MANAGEMENT
 14275 SW 142 AVE
 MIAMI FL 33186-6715
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

65-0900746

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BUJAK, ANDREW	
STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 AND 10	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FUCHS, MICHAEL	
STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 AND 10	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	MCCHESENEY, VALERIE	
STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 AND 10	
CITY-ST-ZIP	FT MYERS FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	MCCHESENEY, VALERIE	
STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 & 10	
CITY-ST-ZIP	FT. MYERS FL 33913	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	DRUM, TOM	
STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 & 10	
CITY-ST-ZIP	FT. MYERS, FL. 33913	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/29/00

941 561 6522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #