

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90114 007 ***61.25

DOCUMENT # N98000003569

1. Entity Name

WELLINGTON OF LEGENDS CONDOMINIUM ASSOCIATION, I
 NC.

Principal Place of Business

Mailing Address

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

C/O MIAMI MANAGEMENT
 14275 SW 42 AVE
 MIAMI FL 33186
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12734 Kenwood Lane

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite 49

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

4. FEI Number

65-0900746

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
 1833 MENDRY STREET
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name: Tropical Isles Management Services
 Street Address (P.O. Box Number is Not Acceptable):

12734 Kenwood Lane Suite 49
 City: Ft. Myers, FL Zip Code: 33907

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

Don Redding, CAM 4/22/02

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 NAME	PD DRUMM, TOM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13891 JETPORT LOOP STE 9&10	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE NAME	STD KNOWLES, KIRK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE NAME	D COON, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	14501 FARRINGTON WAY #205	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D Dundee, Dick	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14500 Farrington Way #101	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE NAME	D Lund, Maureen	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14540 Farrington Way #204	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE NAME	D Pelaez, Linda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	14540 Farrington Way #206	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Don Redding 4/22/02 225-9260

CR2E037 (9/01)