
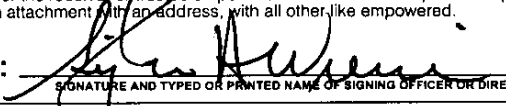


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90253 017 ****61.25

DOCUMENT # N98000003569							
1. Entity Name WELLINGTON OF LEGENDS CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 12734 KENWOOD LANE SUITE 49 FORT MYERS, FL 33907 US		Mailing Address 12764 KENWOOD LANE SUITE 49 FT. MYERS, FL 33907 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0900746			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TROPICAL ISLES MANAGEMENT SERVICES 12734 KENWOOD LANE SUITE 49 FT MYERS, FL 33907-0000			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FORD, WILLIAM		NAME				
STREET ADDRESS	14511 FARRINGTON WAY #201		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP				
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LOWERY, RONALD		NAME				
STREET ADDRESS	14540 FARRINGTON WAY #205		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP				
TITLE	DTS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PRINCE, PATRICIA		NAME				
STREET ADDRESS	14501 FARRINGTON WAY #102		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WIENER, STEVE		NAME				
STREET ADDRESS	14500 FURINSTON WAY # 202		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DUNDEE, DICK		NAME				
STREET ADDRESS	14500 FURINSTON WAY # 101		STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 		Stephen Wiener		MARCH 5, 2008			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			