2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003569

FILED Mar 16, 2009 Secretary of State

Entity Name: WELLINGTON OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

Current Pr	incipal Place	of Business:	New Principal I	Place of Business:	
12734 KEN SUITE 49	IWOOD LANE				
	ERS, FL 33907	US			
Current Mailing Address:		New Mailing A	New Mailing Address:		
12764 KENWOOD LANE			12734 KENWO	12734 KENWOOD LANE	
SUITE 49	6, FL 33907	US	SUITE 49 FORT MYERS, I		
El Number:	65-0900746	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Add	ress of New Registered Agent:	
TROPICAL	. ISLES MANAC	GEMENT SERVICES			
12734 KEN SUITE 49	IWOOD LANE				
	s, FL 33907000	00 US			
		ubmits this statement for the pu	rpose of changing its reg	gistered office or registered agent, or both,	
n the State	or Fiorida				
SIGNATUR	RE:	c Signature of Registered Ager	ıt .	Date	
SIGNATUR	RE: Electroni	c Signature of Registered Ager		Date HANGES TO OFFICERS AND DIRECTOR	
OFFICERS	RE: Electroni AND DIRECT	ORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTOR	
OFFICERS	Electroni S AND DIRECT DVP () FORD, WILLIAM	ORS: Delete	ADDITIONS/CH Title: Name:		
OFFICERS itle: lame: kddress:	Electroni AND DIRECT DVP () FORD, WILLIAM 14511 FARRING	TORS: Delete I STON WAY #201	ADDITIONS/CH Title: Name: Address:	IANGES TO OFFICERS AND DIRECTOR	
OFFICERS itle: lame: kddress:	Electroni S AND DIRECT DVP () FORD, WILLIAM	TORS: Delete I STON WAY #201	ADDITIONS/CH Title: Name:	IANGES TO OFFICERS AND DIRECTOR	
OFFICERS Title: Jame: Address: Dity-St-Zip: Title:	Electroni AND DIRECT DVP () FORD, WILLIAM 14511 FARRING FORT MYERS, F	TORS: Delete I STON WAY #201 FL 33912 Delete	ADDITIONS/CH Title: Name: Address: City-St-Zip: Title:	IANGES TO OFFICERS AND DIRECTOR	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DICK DUNDEE P 03/16/2009