

# 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 Principal Place of Business:**

12734 KENWOOD LANE  
SUITE 49  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

12764 KENWOOD LANE  
SUITE 49  
FT. MYERS, FL 33907 US

**New Mailing Address:**

12734 KENWOOD LANE  
SUITE 49  
FORT MYERS, FL 33907 US

FEI Number: 65-0900746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MANAGEMENT SERVICES  
12734 KENWOOD LANE  
SUITE 49  
FT MYERS, FL 339070000 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: FORD, WILLIAM  
Address: 14511 FARRINGTON WAY #201  
City-St-Zip: FORT MYERS, FL 33912

Title: DP ( ) Delete  
Name: LOWERY, RONALD  
Address: 14540 FARRINGTON WAY #205  
City-St-Zip: FORT MYERS, FL 33912

Title: DTS ( ) Delete  
Name: PRINCE, PATRICIA  
Address: 14501 FARRINGTON WAY #102  
City-St-Zip: FORT MYERS, FL 33912

Title: T ( ) Delete  
Name: WIENER, STEVE  
Address: 14500 FURINSTON WAY # 202  
City-St-Zip: FORT MYERS, FL 33912

Title: P ( ) Delete  
Name: DUNDEE, DICK  
Address: 14500 FURINSTON WAY # 101  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Electronic Signature of Signing Officer or Director

Date