

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003569

FILED
Mar 23, 2010
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:

12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907 US

New Mailing Address:

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
Name: FORD, WILLIAM
Address: 14511 FARRINGTON WAY #201
City-St-Zip: FORT MYERS, FL 33912

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DICK DUNDEE

P

03/23/2010

Electronic Signature of Signing Officer or Director

_____ Date