

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90409 009 ****61.25

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DOCUMENT # **N98000003569**

1. Entity Name

**WELLINGTON OF LEGENDS CONDOMINIUM ASSOCIATION, I
NC.**



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

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

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TROPICAL ISLES MANAGEMENT SERVICES
123734 KENWOOD LANE SUITE 49
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name **Joseph Adams**
Street Address (P.O. Box Number is Not Acceptable)
Becker & Poliakoff
13515 Bell Tower Dr, Suite #101
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph Adams Becker & Poliakoff 4/22/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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	D	<input type="checkbox"/> Delete
NAME	DUNDEE, DICK	
STREET ADDRESS	14500 FARRINGTON WAY #101	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUND, MAUREEN	
STREET ADDRESS	14540 FARRINGTON WAY #204	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELAEZ, LINDA	
STREET ADDRESS	14540 FARRINGTON WAY #206	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DISIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frances Wiltgen	
STREET ADDRESS	14500 Farrington Way #205	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE	D/UP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

AND D. P. UNDEE 4/23/03

CR2E037 (10/02)