

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003955

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC9241061351**

**Entity Name:** HUNTINGTON II OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LANE, SUITE 49  
FORT MYERS, FL 33907

**Current Mailing Address:**

12734 KENWOOD LANE, SUITE 49  
FORT MYERS, FL 33907

**FEI Number:** 65-1125395

**Certificate of Status Desired:** No

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

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE, SUITE 49  
FORT MYERS, FL 33907 US

*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

**Officer/Director Detail :**

Title	VP	Title	PRESIDENT
Name	HUGUENOT, CHARLES	Name	CHAMPLIN, CHARLES
Address	12734 KENWOOD LANE, SUITE 49	Address	12734 KENWOOD LANE, SUITE 49
City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
Title	TREASURER		
Name	BIRD, FRANK		
Address	12734 KENWOOD LANE, SUITE 49		
City-State-Zip:	FORT MYERS FL 33907		

*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:** CHARLES CHAMPLIN

**PRESIDENT**

**02/05/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date