

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007164

FILED
Apr 13, 2020
Secretary of State
9774430850CC

Entity Name: LEGENDS GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC.

Current Principal Place of Business:

8600 LEGENDS BOULEVARD
FORT MYERS, FL 33912

Current Mailing Address:

8600 LEGENDS BOULEVARD
FORT MYERS, FL 33912 US

FEI Number: 56-2461192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HART, THOMAS BESQ.
KNOTT CONSOER EBELINI HART & SWETT, P.A.
1625 HENDRY ST STE 301
FT. MYERS, FL 33901 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 PRESIDENT
Name WARREN, C DAVID
Address 14500 FARRINGTON WAY
 #106
City-State-Zip: FORT MYERS FL 33912

Title VP
Name BRICK, JEFFREY
Address 8721 NOTTINGHAM POINTE WAY
City-State-Zip: FORT MYERS FL 33912

Title TREASURER
Name HARRELL, DEE
Address 14462 DEVINGTON WAY
City-State-Zip: FORT MYERS FL 33912

Title SECRETARY
Name HARRIMAN, DEBRA S
Address 8544 BRITANIA DR
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR
Name DELAHANTY II, THOMAS E
Address 14320 BRISTOL BAY PL #401
City-State-Zip: FORT MYERS FL 33912

Title DIRECTOR
Name CAUTIN, MICHAEL
Address 14582 NEW HAMPTON PLACE
City-State-Zip: FORT MYERS FL 33912

Title D
Name QUINN, JULIE
Address 8227 WOODRIDGE POINTE DR
City-State-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: C DAVID WARREN

PRESIDENT

04/13/2020

Electronic Signature of Signing Officer/Director Detail

Date