

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

DOCUMENT# N97000007164

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC8274865681**

**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            GORDON, MICHAEL  
Address        8363 SHORECREST DRIVE  
City-State-Zip: FORT MYERS FL 33912

Title            VP  
Name            O'BRIEN, JOHN  
Address        14581 SHERBROOK PLACE  
                  106  
City-State-Zip: FORT MYERS FL 33912

Title            SECRETARY  
Name            GRACE, MARGARET  
Address        14389 DEVINGTON WAY  
City-State-Zip: FORT MYERS FL 33912

Title            TREASURER  
Name            SIMON, JOSEPH  
Address        14320 DEVINGTON WAY  
City-State-Zip: FORT MYERS FL 33912

Title            DIRECTOR  
Name            DE MARTINI, HELEN  
Address        14225 DEVINGTON WAY  
City-State-Zip: FORT MYERS FL 33912

Title            DIRECTOR  
Name            KNOOP, CRIST  
Address        14212 DEVINGTON WAY  
City-State-Zip: FORT MYERS FL 33912

Title            DIRECTOR  
Name            KONVIT, JODI  
Address        8351 LANGSHIRE WAY  
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: MICHAEL GORDON**

**PRESIDENT**

**04/17/2014**

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

\_\_\_\_\_  
Date