

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000007164

**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**6655629824CC**

**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            HOFFMAN, WILLIAM  
Address        8633 BRITTANIA DR  
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 BRITTANIA 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            CARPENTER, ROBERT  
Address        14511 LEGENDS BLVD N  
                  #104  
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**

**04/11/2019**

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

\_\_\_\_\_  
Date