

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003569

**FILED
Mar 04, 2015
Secretary of State
CC5495215871**

Entity Name: WELLINGTON 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 US

FEI Number: 65-0900746

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES
12734 KENWOOD LANE
SUITE 49
FT MYERS, FL 33907-0000 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 DVP
Name FORD, WILLIAM
Address 12734 KENWOOD LANE
SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title DP
Name LOWERY, RONALD
Address 12734 KENWOOD LANE
SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title DTS
Name PRINCE, PATRICIA
Address 12734 KENWOOD LANE
SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title T
Name LIST, AUGIE
Address 12734 KENWOOD LANE
SUITE 49
City-State-Zip: FORT MYERS FL 33907

Title P
Name DUNDEE, DICK
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: DICK DUNDEE

PRESIDENT

03/04/2015

Electronic Signature of Signing Officer/Director Detail

Date