

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000003569

**FILED  
Mar 06, 2016  
Secretary of State  
CC8979469690**

**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**

**P**

**03/06/2016**

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

\_\_\_\_\_  
Date