

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000004832</b>	
1. Entity Name TROON LEGACY INC.	
Principal Place of Business 15044 N SCOTTDALE ROAD SUITE 300 SCOTTSDALE, AZ 85254	Mailing Address 15044 N SCOTTDALE ROAD SUITE 300 SCOTTSDALE, AZ 85254



03302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 86-0928885	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GARMANY, DANA 15044 N SCOTTSDALE ROAD # 300 SCOTTSDALE, AZ 85254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TRUEBLOOD, RICHARD L 15044 N SCOTTSDALE ROAD # 300 SCOTTSDALE, AZ 85254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHANTZ, TIM 15044 N SCOTTSDALE ROAD # 300 SCOTTSDALE, AZ 85254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, DARIN D 1510 ARRAWANA AVE S. TAMPA BAY, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINTON, HUD 15044 N SCOTTSDALE ROAD # 300 SCOTTSDALE, AZ 85254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000702930  
04/20/07-80120-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** TIMOTHY S. SCHANTZ 4-2-07 480-606-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #