## 2007 NOT-FOR-PROFIT CORPORATION

## FILED Jul 02, 2007 8:00 am Secretary of State

DOCUMENT # N0100002480  - CSRI NOON ESTATES OF LEGENDS GOLF & COUNTRY  CLUB NEIGHBORNOOD ASSOCIATION, INC.  Problem Face of Sadress  TROPICAL RISES NAM, SERVICES, INC.  12734 KEMOND JAIR, SUITE 49  FORT MYERS, FL 33907  2- Principal Packs of Business - No P.O. Box #   Naming Address  TROPICAL RISES NAM, SERVICES, INC.  12734 KEMOND JAIR, SUITE 49  FORT MYERS, FL 33907  2- Principal Packs of Business - No P.O. Box #   Naming Address  TROPICAL RISES NAM, SERVICES, INC.  12734 KEMOND JAIR, SUITE 49  FORT MYERS, FL 33907  2- Principal Packs of Business - No P.O. Box #   Naming Address  TROPICAL RISES MANAGEMENT SERVICES, INC.  12734 KENNOOD LANE, SUITE 49  FORT MYERS, FL 33907  - Name and Address of Current Registered Agent  TROPICAL RISES MANAGEMENT SERVICES, INC.  12734 KENNOOD LANE, SUITE 49  FORT MYERS, FL 33907  - Name and Address of Phone Registered Agent  TROPICAL RISES MANAGEMENT SERVICES, INC.  12734 KENNOOD LANE, SUITE 49  FORT MYERS, FL 33907  - Name and Address of Phone Registered Agent  TROPICAL RISES MANAGEMENT SERVICES, INC.  12734 KENNOOD LANE, SUITE 49  FORT MYERS, FL 33907  - Name and Address of Phone Registered Agent  TROPICAL RISES MANAGEMENT SERVICES, INC.  12734 KENNOOD LANE, SUITE 49  FORT MYERS, FL 33907  - Name and Address of Phone Registered Agent  TROPICAL RISES MANAGEMENT SERVICES, INC.  12745 KENNOOD LANE, SUITE 49  FORT MYERS, FL 33907  - Name and Address of Phone Registered Agent  TROPICAL RISES MANAGEMENT SERVICES, INC.  12746 KENNOOD LANE, SUITE 49  FORT MYERS, FL 33907  - Name and Address of Phone Registered Agent  TROPICAL RISES MANAGEMENT SERVICES, INC.  12746 KENNOOD LANE, SUITE 49  FORT MYERS, FL 33907  - Name and Address of Phone Registered Agent  TROPICAL RISES MANAGEMENT SERVICES, INC.  12746 KENNOOD LANE, SUITE 49  FORT MYERS, FL 33907  - Name and Address of Phone Registered Agent  TROPICAL RISES MANAGEMENT SERVICES, INC.  12746 KENNOOD LANE, SUITE 49  FORT MYERS, FL 33907  - Name and Address of Phone Registered Agent  TROPICAL RISES MANAGEMENT SERVICES, INC.  12746 KENNOOD						cictary o	
TROPICAL ISLES MAINT. SERVICES, INC. 12734 KERWOOD LAKE, SUITE 49 FORT MYERS, FL 33907  2. Principal Place of Business - No P.O. Box # 1. Mailing Address  Suite, Act #, etc.	1. Entity Nar CARILLO	™ ON ESTATES OF LEGENDS	GOLF & COUNTRY		07-	-02-2007 90035 048	3 ****61.25
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City & State  St	2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address				
Special Country   Special Co	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012007 Chg-	NP CR2E037 (1	2/06)
Signature    Country   Country   Country   Country   Status Desired   Stat	City & Sta	ie	City & State				<del></del>
Name    Street Address   P.O. Box Number is Not Acceptable	Zip · -	Country	Zip _	Country	5. Certificate of Status		75 Additional
TROPICAL ISLES MANAGEMENT SERVICES, INC.  12734 KENWOOD LANE, SUITE 49 FORT MYERS, FL 33907  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen		6. Name and Address of Current	Registered Agent		7. Name and Address	s of New Rocistered Agent	
Street Address (P.O. Box Number is Not Acceptable)		-		Name			
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 arm familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature	12734 KENWOOD LANE, SUITE 49			Street Address (P.O. Box Number is Not Acceptable)			
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 arm familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature				City	·····		:- O- d-
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SIGNATURE	8. The above the obliga	named entity submits this statement to tions of registered agent.	r the purpose of changing its	egistered office or regi	istered agent, or both, in the	State of Florida. I am familia	ar with, and accept
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Trust Fund Comboution. Added to Fees Floridas Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE	SIGNATURE	2) XRR	<u> </u>	Cord dir q		17/02	
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME OCCUPANT, ANDREA B919 CARILLON ESTATES WAY FORT MYERS, FL 33912  TITLE NAME ROGERS, RON STREET ADDRESS B913 CARILLON ESTATES WAY FORT MYERS, FL 33912  TITLE NAME WYRICK, ANDREW B913 CARILLON ESTATES WAY FORT MYERS, FL 33912  TITLE OTTO OCCUPANT WYERS, FL 33912  TITLE OCCUPANT WYERS, FL 33907  TITLE OCCUPA	SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable. (NOTE:	Pared d. 2	(Ured when retrespting)	DATE	<del></del>
TITLE CLARK, ANDREA CLARK, ANDREA CLARK, ANDREA CLARK, ANDREA SIREF ADDRESS CITY-ST-2P FORT MYERS, FL 33912 TITLE NAME ROGERS, RON SIREF ADDRESS CITY-ST-2P FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-2P FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-2P FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-2P FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-2P FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-2P FORT MYERS, FL 33912 TITLE NAME ROEDDING, DON CITY-ST-2P FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-2P FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-2P FORT MYERS, FL 33912 TITLE NAME STREET ADDRESS CITY-ST-2P FORT MYERS, FL 33907 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREE	SIGNATURE	Filing Fee is \$61.25	9. Election Cam	palgn Financing	\$5.00 May Be	Make check pay	t of State
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppl

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED MANE OF SIGNIFIC OFFICER ON DIRECTOR

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