2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N01000002480

Entity Name: CARILLON ESTATES OF LEGENDS GOLF & COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES MGMT. SERVICES, INC.
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

TROPICAL ISLES MGMT. SERVICES, INC.
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1159447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NICHOLSON, TIM
Address: 8901 CARILLON ESTATES WAY
City-St-Zip: FORT MYERS, FL 33912

Title: DVP ( ) Delete
Name: ROGERS, RON
Address: 8913 CARILLON ESTATES WAY
City-St-Zip: FORT MYERS, FL 33912

Title: DTS ( ) Delete
Name: WYRICK, ANDREW
Address: 8907 CARILLON ESTATES WAY
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANDREW WYRICK DTS 03/06/2009

Electronic Signature of Signing Officer or Director — Date