

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002480

FILED
Jan 20, 2012
Secretary of State

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: P
Name: NICHOLSON, TIM
Address: 8901 CARILLON ESTATES WAY
City-St-Zip: FORT MYERS, FL 33912

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

Title: TS
Name: MEEKS, BOB
Address: 8925 CARILLON ESTATES WAY
City-St-Zip: FORT MYERS, FL 33912

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: TIM NICHOLSON

P

01/20/2012

Electronic Signature of Signing Officer or Director

_____ Date