

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007467

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** THE LEGACY FOUNDATION AT SHELL POINT, INC.

**Current Principal Place of Business:**

15010 SHELL POINT BOULEVARD  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

15010 SHELL POINT BOULEVARD  
FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 80-0002415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DYS, PETER  
15000 SHELL POINT BOULEVARD  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

DYS, PETER  
15000 SHELL POINT BOULEVARD  
STE 100  
FORT MYERS, FL 33908 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:

04/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: SCOTT, ROBERT M  
Address: 2525 N 117TH AVENUE  
City-St-Zip: OMAHA, NE 68164

Title: SD ( ) Delete  
Name: DE WITT, CHARLES B  
Address: 528 COUNTY ROAD 513  
City-St-Zip: CALIFON, NJ 07830

Title: CD ( ) Delete  
Name: DAVIDSON, JOHN W  
Address: 128 WESTRIDGE COURT  
City-St-Zip: CHAPIN, SC 29036

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: CD (X) Change ( ) Addition  
Name: DE WITT, CHARLES B  
Address: 528 COUNTY ROAD 513  
City-St-Zip: CALIFON, NJ 07830

Title: VCD (X) Change ( ) Addition  
Name: DAVIDSON, JOHN W  
Address: 128 WESTRIDGE COURT  
City-St-Zip: CHAPIN, SC 29036

Title: ATD ( ) Change (X) Addition  
Name: LOCHRIDGE, TIM K  
Address: 15000 SHELL POINT BLVD, STE 100  
City-St-Zip: FORT MYERS, FL 33908

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: TIM K. LOCHRIDGE

ATD

04/21/2009

Electronic Signature of Signing Officer or Director

Date