


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90040 029 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                                                                                                                     |                                                                                                                                                        |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N02000000190</b><br>1. Entity Name<br><b>THE LEGENDS AT WESTON HILLS COUNTRY CLUB<br/>CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                                                                                                                     |                                                                                                                                                        |                |  |
| Principal Place of Business<br><b>C/O CASTLE GROUP<br/>12270 SW 3RD STREET<br/>PLANTATION, FL 33318 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                     | Mailing Address<br><b>C/O CASTLE GROUP<br/>P.O. BOX 559009<br/>FORT LAUDERDALE, FL 33355-9009 US</b>                                                   |                                                                                                 |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            | 3. Mailing Address                                                                                                  |                                                                                                                                                        |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                                        |                                                                                                 |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            | City & State                                                                                                        |                                                                                                                                                        | 4. FEI Number<br><b>03-0380581</b>                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            | Country                                                                                                             |                                                                                                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            | 7. Name and Address of New Registered Agent                                                                         |                                                                                                                                                        |                                                                                                 |  |
| <b>BAKALAR &amp; EICHNER<br/>150 S PINE ISLAND STE 540<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                  |                                                                                                                                                        |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            | <div style="text-align: right;"><b>FL</b></div> Zip Code                                                            |                                                                                                                                                        |                                                                                                 |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                                                     |                                                                                                                                                        |                                                                                                 |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                        | <b>Make check payable to<br/>Florida Department of State</b>                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PD<br/>CANTOR, BERNIE<br/>2865 KINSINGTON CIRCLE<br/>WESTON, FL 33327</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VD<br/>VASQUEZ, CARLOS<br/>2876 KINSINGTON CIRCLE -<br/>WESTON, FL 33327</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>D<br/>FABER, DAVID<br/>2863 KINSINGTON CIRCLE<br/>WESTON, FL 33327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>SROUR, SUZANNE<br/>2747 KINSINGTON CIRCLE<br/>WESTON, FL 33327</b> <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>TD<br/>GARDNER, NEAL<br/>2795 KINSINGTON CIRCLE<br/>WESTON, FL 33327</b> <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>D<br/>RAPP, JULIE<br/>2706 SINSINGTON CIRCLE<br/>WESTON, FL 33327</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>SALEDO, MAPPY<br/>2858 KINSINGTON CIRCLE<br/>WESTON, FL 33327</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>ZDRAHAL, OLIVIA<br/>2720 KINSINGTON CIRCLE<br/>WESTON, FL 33327</b> <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |                                                                                                 |  |
| 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 617, 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. |                                                                                                                            |                                                                                                                     |                                                                                                                                                        |                                                                                                 |  |
| <b>SIGNATURE:</b> <u>Bernard Cantor</u> <b>5/8/06</b> <b>954 612 7410</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            |                                                                                                                     |                                                                                                                                                        |                                                                                                 |  |