2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2010
Secretary of State

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Entity Name: BRISTOL BAY III OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LN.
SUITE 49
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LN.
SUITE 49
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 04-3649576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TROPICAL ISLES MANAGEMENT
12734 KENWOOD LN.
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: T
Name: BERO, JOHN
Address: 1800 COUNTRY KNOLL LN
City-St-Zip: ELGIN, IL 60123

Title: S
Name: AL, MOSCA
Address: 14300 BRISTOL BAY #208
City-St-Zip: FORT MYERS, FL 33912

Title: P
Name: CASTALDI, TOM
Address: 14310 BRISTOL BAY #401
City-St-Zip: FORT MYERS, FL 33912

Title: VP
Name: SLACK, RON
Address: 14300 BRISTOL BAY PL #304
City-St-Zip: FORT MYERS, FL 33912

Title: D
Name: HELVESTON, DORIS
Address: 14320 BRISTOL BAY PL #308
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: TOM CASTALDI P 03/23/2010

Electronic Signature of Signing Officer or Director Date