2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N02000001314

Entity Name: LANGSHIRE OF LEGENDS ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 01-0667932 **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 ( ) Delete
Name: QUINN, NORM
Address: 8227 WOODRIDGE POINTE DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: S ( ) Delete
Name: MURPHY, JEAN
Address: 8185 WOODRIDGE POINTE DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: T ( ) Delete
Name: ANGLAVAR, DUANE
Address: 8318 WOODRIDGE POINTE DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: NEFF, CARL
Address: 8375 LANGSHIRE WAY
City-St-Zip: FORT MYERS, FL 33912

Title: V ( ) Delete
Name: CROWEL, DICK
Address: 8441 LANGSHIRE WAY
City-St-Zip: FORT MYERS, FL 33912 US

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:

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: NORM QUINN P 03/20/2009

Electronic Signature of Signing Officer or Director — Date