2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2011
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
Name: QUINN, NORM
Address: 8227 WOODRIDGE POINTE DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: S
Name: ANDERSEN, VICTORIA
Address: 8195 WOODRIDGE POINTE DRIVE
City-St-Zip: FORT MYERS, FL 33912

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

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

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

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: NORM QUINN P 03/10/2011

Electronic Signature of Signing Officer or Director Date