
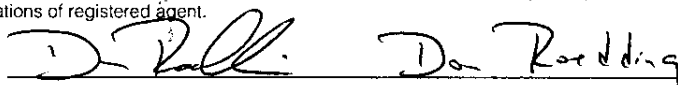
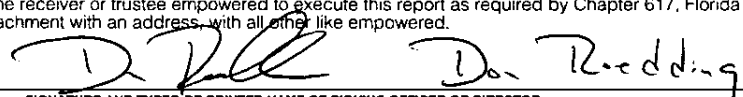


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90253 030 ****61.25

DOCUMENT # N02000001315 1. Entity Name LANGSHIRE OF LEGENDS COMMONS ASSOCIATION, INC.					
Principal Place of Business 10471 SIX MILE CYPRESS PKWY, STE. 2 FT. MYERS FL 33912			Mailing Address 10471 SIX MILE CYPRESS PKWY, STE. 2 FT. MYERS FL 33912		
2. Principal Place of Business 12734 Kenwood Ln.		3. Mailing Address 12734 Kenwood Ln.			
Suite, Apt. #, etc. Suite 49		Suite, Apt. #, etc. Suite 49			
City & State Ft. Myers, FL		City & State Ft. Myers, FL		4. FEI Number 03-0428922	
Zip 33907		Country 		Applied For <input type="checkbox"/> Not Applicable	
Zip 33907		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY ST. FT. MYERS FL 33901			7. Name and Address of New Registered Agent Name Tropical Isler Management Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Ln. Suite 49 City Ft. Myers, FL Zip Code 33907		
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  4/29/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEBITETTO, JOHN 10471 SIX MILE CYPRESS PKWY, STE. 2 FORT MYERS FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEFTWICH, STEVEN 10471 SIX MILE CYPRESS PKWY, STE. 2 FORT MYERS FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD KNOWLES, KIRK 10471 SIX MILE CYPRESS PKWY, STE. 2 FORT MYERS FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE:  4/29/04 (239) 938-2998 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					