

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 20, 2003 8:00 am**  
**Secretary of State**

04-04-2003 90099 034 \*\*\*\*61.25

DOCUMENT # N02000001315

1. Entity Name

LANGSHIRE OF LEGENDS COMMONS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

13891 JETPORT LOOP, STE. 9 AND 10  
FT. MYERS FL 33912

13891 JETPORT LOOP, STE. 9 AND 10  
FT. MYERS FL 33912

55049252

2. Principal Place of Business

3. Mailing Address

10471 Six Mile Cypress Pkwy

10471 Six Mile Cypress Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

Suite 2

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip

Country

Zip

Country

33912

USA

33912

USA

4. FEI Number

03-0428922

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIELDS, CHRISTOPHER J  
1833 HENDRY ST.  
FT. MYERS FL 33901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$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          | PD                                | <input type="checkbox"/> Delete |
| NAME           | DEBITETTO, JOHN                   |                                 |
| STREET ADDRESS | 13891 JETPORT LOOP, STE. 9 AND 10 |                                 |
| CITY-ST-ZIP    | FT. MYERS FL 33912                |                                 |
| TITLE          | VD                                | <input type="checkbox"/> Delete |
| NAME           | BROWN, TOM                        |                                 |
| STREET ADDRESS | 13891 JETPORT LOOP, STE. 9 AND 10 |                                 |
| CITY-ST-ZIP    | FT. MYERS FL 33912                |                                 |
| TITLE          | STD                               | <input type="checkbox"/> Delete |
| NAME           | KNOWLES, KIRK                     |                                 |
| STREET ADDRESS | 13891 JETPORT LOOP, STE. 9 AND 10 |                                 |
| CITY-ST-ZIP    | FT. MYERS FL 33912                |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> Delete |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

|                |                                    |                                                                              |
|----------------|------------------------------------|------------------------------------------------------------------------------|
| TITLE          |                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                    |                                                                              |
| STREET ADDRESS | 10471 Six Mile Cypress Pkwy, Ste 2 |                                                                              |
| CITY-ST-ZIP    | Fort Myers, FL 33912               |                                                                              |
| TITLE          |                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Steven Leftwich                    |                                                                              |
| STREET ADDRESS | 10471 Six Mile Cypress Pkwy, Ste 2 |                                                                              |
| CITY-ST-ZIP    | Fort Myers, FL 33912               |                                                                              |
| TITLE          |                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                    |                                                                              |
| STREET ADDRESS | 10471 Six Mile Cypress Pkwy, Ste 2 |                                                                              |
| CITY-ST-ZIP    | Fort Myers, FL 33912               |                                                                              |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |                                                                              |
| STREET ADDRESS |                                    |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |
| TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                    |                                                                              |
| STREET ADDRESS |                                    |                                                                              |
| CITY-ST-ZIP    |                                    |                                                                              |

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: KIRK KNOWLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

Date

(239) 561-6522

Daytime Phone #

CR2E037 (10/02)