

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90177 008 ****61.25

DOCUMENT # N02000005787

1. Entity Name
**LONGHURST I OF LEGENDS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907**

Mailing Address
**TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LANE, SUITE 49
FORT MYERS, FL 33907**

40086343



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282006 Chg-NP CR2E037 (4/06)

4. FEI Number
51-0431068

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

**TROPICAL ISLES MANAGEMENT SERVICES, INC.
12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
NELSON, RALPH
14501 LEGENDS BLVD N. #301
FORT MYERS, FL 33912** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Jim Cumer
14511 Legend Blvd. N. #106
Ft. Myer, FL 33912** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~DVP~~ DP
AIMI, CHARLES
BIBLE HILL ROAD, RT. #2 BOX 18A
CLAREMONT, NH 03743** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sec
Patricia Hamilton
14501 Legend Blvd. N #105
Ft. Myer, FL 33912** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~STD~~ DT
SHAARA, ED
146 GLEN ROCK RD
LITTLE FALLS, NJ 07424** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Fred McConaughy
14501 Legend Blvd. N. #308
Ft. Myer, FL 33912** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASM
ROEDDING, DON
12734 KENWOOD LANE
FORT MYERS, FL 33907** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #