

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90161 033 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0431068	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 VP	NAME COMER, JIM		TITLE 	NAME Linda L. Jones	
STREET ADDRESS 14511 LEGEADR BLVD., N #106	CITY-ST-ZIP FORT MYERS, FL 33912		STREET ADDRESS 14501 Legends Blvd. N. #203	CITY-ST-ZIP Ft. Myers, FL 33912	
TITLE DP	NAME AIMI, CHARLES		TITLE 	NAME ROBERT CARPENTER	
STREET ADDRESS BIBLE HILL ROAD, RT. #2 BOX 18A	CITY-ST-ZIP CLAREMONT, NH 03743		STREET ADDRESS 14511 LEGENDS BLVD N #104	CITY-ST-ZIP FT MYERS, FL 33912	
TITLE DT	NAME SHAARA, ED		TITLE 	NAME 	
STREET ADDRESS 146 GLEN ROCK RD	CITY-ST-ZIP LITTLE FALLS, NJ 07424		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE ASM	NAME ROEDDING, DON		TITLE 	NAME 	
STREET ADDRESS 12734 KENWOOD LANE	CITY-ST-ZIP FORT MYERS, FL 33907		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE S	NAME HAMILTON, PATRICIA		TITLE 	NAME 	
STREET ADDRESS 14501 LEGEADR BLVD N #105	CITY-ST-ZIP FORT MYERS, FL 33912		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME MCCONAAUGHAY, FRED		TITLE 	NAME 	
STREET ADDRESS 14501 LAGEADR BLVD N., #308	CITY-ST-ZIP FORT MYERS, FL 33912		STREET ADDRESS 	CITY-ST-ZIP 	
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:			CHARLES R. AIMI (235) 533-2555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		