

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005787

FILED
Jan 20, 2012
Secretary of State

Entity Name: LONGHURST I OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 51-0431068

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: D
Name: COMER, JIM
Address: 14511 LEGENDS BLVD., N #106
City-St-Zip: FORT MYERS, FL 33912

Title: T
Name: AIMI, CHARLES
Address: BIBLE HILL ROAD, RT. #2 BOX 18A
City-St-Zip: CLAREMONT, NH 03743

Title: P
Name: LIGHTBOURN, STEVE
Address: 14511 LEGENDS BLVD N #107
City-St-Zip: FORT MYERS, FL 33912

Title: D
Name: CARPENTER, ROBERT
Address: 14511 LEGENDS BLVD N #203
City-St-Zip: FORT MYERS, FL 33912

Title: D
Name: BOUCHARD, SKIP
Address: 14511 LEGENDS BLVD N., #208
City-St-Zip: FORT MYERS, FL 33912

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: STEVE LIGHTBOURN

P

01/20/2012

Electronic Signature of Signing Officer or Director

Date