

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 022 ****61.25

DOCUMENT # N03000004574

1. Entity Name
LONGHURST IV OF LEGENDS CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
12734 KENWOOD LANE
STE. 49
FORT MYERS, FL 33907

Mailing Address
12734 KENWOOD LANE
STE. 49
FORT MYERS, FL 33907



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05112005 Chg-NP CR2E037 (10/03)

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 MGMT.
12734 KENWOOD LANE
STE. 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 September 7, 2005

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 ☒ Delete
NAME DEBITETTO, JOHN
STREET ADDRESS 10471 SIX MILE CYPRESS PARKWAY SUITE 2
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE VD ☒ Delete
NAME LEFTWICH, STEVEN
STREET ADDRESS 10471 SIX MILE CYPRESS PARKWAY SUITE 2
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE STD ☒ Delete
NAME KNOWLES, KIRK
STREET ADDRESS 10471 SIX MILE CYPRESS PARKWAY SUITE 2
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME Bob Schz
STREET ADDRESS 14571 Legends Blvd. N. #205
CITY-ST-ZIP Ft. Myers, FL 33912

TITLE VP ☐ Change ☒ Addition
NAME Eleanor Attonito
STREET ADDRESS 14571 Legends Blvd. N. #203
CITY-ST-ZIP Ft. Myers, FL 33912

TITLE STD ☐ Change ☒ Addition
NAME Glen Kester
STREET ADDRESS 15532 Bethesda Cr.
CITY-ST-ZIP Westfield, IN 46074

TITLE ABM ☐ Change ☒ Addition
NAME Don Roedding
STREET ADDRESS 12734 Kenwood Lane
CITY-ST-ZIP Ft. Myers, FL 33907

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/05 (235) 335-2555