


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90013 049 \*\*\*\*61.25

<b>DOCUMENT # N03000004574</b>					
<b>1. Entity Name</b> LONGHURST IV OF LEGENDS CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 12734 KENWOOD LANE STE. 49 FORT MYERS, FL 33907			<b>Mailing Address</b> 12734 KENWOOD LANE STE. 49 FORT MYERS, FL 33907		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 51-0431068	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TROPICAL ISLES MGMT. 12734 KENWOOD LANE STE. 49 FORT MYERS, FL 33907			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP	<b>NAME</b> ATTONITO, ELEANOR		<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14571 LEGENDS BLVD N, #203	<b>CITY-ST-ZIP</b> FORT MYERS, FL 33912			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> P	<b>NAME</b> STRAUSBERG, JOEL		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14571 LEGENDS BLVD N. #106	<b>CITY-ST-ZIP</b> FORT MYERS, FL 33912			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b> TS	<b>NAME</b> DELL, MELVIN		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14571 LEGENDS BLVD N. #306	<b>CITY-ST-ZIP</b> FORT MYERS, FL 33912			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>
<b>TITLE</b>	<input type="checkbox"/> Delete			<b>TITLE</b> VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<input type="checkbox"/> Delete			<b>NAME</b>	Selfz Robert L.
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete			<b>STREET ADDRESS</b>	14571 Legends Blvd N. #205
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>CITY-ST-ZIP</b>	Fort Myers, FL 33912-0370
<b>TITLE</b>	<input type="checkbox"/> Delete			<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<input type="checkbox"/> Delete			<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>Joseph St...</i>			2-18-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					