

**2005 NOT-FOR-PROFIT CORPORATION 5/18/2
ANNUAL REPORT**

FILED
Aug 02, 2005 8:00 am
Secretary of State

05-18-2005 90025 023 ****61.25

DOCUMENT # N03000009636 1. Entity Name LONGHURST II OF LEGENDS CONDOMINIUM ASSOCIATION, INC.																																																																									
Principal Place of Business 10471 SIX MILE CYPRESS PKWY STE 2 FT MYERS, FL 33912-6913		Mailing Address 10471 SIX MILE CYPRESS PKWY STE 2 FT MYERS, FL 33912-6973																																																																							
2. Principal Place of Business 12734 Kenwood Ln Suite, Apt. #, etc. # 49		3. Mailing Address 12734 Kenwood Ln Suite, Apt. #, etc. # 49																																																																							
City & State Ft. Myers, FL		City & State Ft. Myers, FL																																																																							
Zip 33907	Country FL	Zip 33907	Country FL																																																																						
4. FEI Number APPLIED FOR 51-0496795		Applied For ☐ Not Applicable																																																																							
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																							
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name Tropical Isler Management Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Ln. #49 City Ft. Myers FL Zip Code 33907																																																																							
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 file if applicable. (NOTE: Registered Agent signature is required when reappointing) 5/1/05 DATE																																																																									
Filing Fee is \$81.25 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td></td> <td>P</td> <td>DEBITETTO, JOHN</td> <td>10471 SIX MILE CYPRESS PKWY FT MYERS, FL 33912</td> <td></td> </tr> <tr> <td></td> <td>VP</td> <td>READER, JIM</td> <td>10471 SIX MILE CYPRESS PKWY FT MYERS, FL 33912</td> <td>☒ Delete</td> </tr> <tr> <td></td> <td>ST</td> <td>CORBIN, DELINDA</td> <td>10471 SIX MILE CYPRESS PKWY FT MYERS, FL 33912</td> <td>☒ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Delete</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Delete</td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>P</td> <td>Jerome Satkiewicz</td> <td>14521 Legend Blvd. N. # 208</td> <td>Ft. Myers, FL 33912</td> <td></td> </tr> <tr> <td>VP</td> <td>David Barrington</td> <td>14521 Legend Blvd. N # 108</td> <td>Ft. Myers, FL 33912</td> <td>☒ Addition</td> </tr> <tr> <td>TIS</td> <td>Joseph Petrone</td> <td>14531 Legend Blvd. N. #203</td> <td>Ft. Myers, FL 33912</td> <td>☒ Addition</td> </tr> <tr> <td>ASM</td> <td>Don Roedding</td> <td>12734 Kenwood Ln. #49</td> <td>Ft. Myers, FL 33907</td> <td>☒ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>☐ Change ☐ Addition</td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☒ Delete		P	DEBITETTO, JOHN	10471 SIX MILE CYPRESS PKWY FT MYERS, FL 33912			VP	READER, JIM	10471 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	☒ Delete		ST	CORBIN, DELINDA	10471 SIX MILE CYPRESS PKWY FT MYERS, FL 33912	☒ Delete					☐ Delete					☐ Delete					☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☒ Addition	P	Jerome Satkiewicz	14521 Legend Blvd. N. # 208	Ft. Myers, FL 33912		VP	David Barrington	14521 Legend Blvd. N # 108	Ft. Myers, FL 33912	☒ Addition	TIS	Joseph Petrone	14531 Legend Blvd. N. #203	Ft. Myers, FL 33912	☒ Addition	ASM	Don Roedding	12734 Kenwood Ln. #49	Ft. Myers, FL 33907	☒ Addition					☐ Change ☐ Addition					☐ Change ☐ Addition
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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: 5/1/05 (239) 935-2995 <SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone >																																																																									