

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90177 009 ****61.25

DOCUMENT # N03000009636						
1. Entity Name LONGHURST II OF LEGENDS CONDOMINIUM ASSOCIATION, INC.						
Principal Place of Business 12734 KENWOOD LANE #49 FORT MYERS, FL 33907			Mailing Address 12734 KENWOOD LANE #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	4. FEI Number 51-0496795		
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 12734 KENWOOD LANE #9 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)						
Signature, typed or printed name of registered agent and title if applicable.						
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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 P	NAME SATKIEWIEZ, JEROME		<input checked="" type="checkbox"/> Delete	TITLE P	NAME SATKIEWIEZ, JEROME	
STREET ADDRESS 14521 LEGENDER BLVD. NORTH # 203		CITY-ST-ZIP FORT MYERS, FL 33912		STREET ADDRESS 14521 LEGENDS BLVD N. #208		
CITY-ST-ZIP FORT MYERS, FL 33912		CITY-ST-ZIP FT. MYERS, FL 33912		CITY-ST-ZIP FT. MYERS, FL 33912		
TITLE VP	NAME BARRINGTON, DAVID		<input type="checkbox"/> Delete	TITLE VP	NAME BARRINGTON, DAVID	
STREET ADDRESS 14521 LEGENDER BLVD NORTH #102		CITY-ST-ZIP FORT MYERS, FL 33912		STREET ADDRESS 14521 LEGENDS BLVD NORTH, UNIT 108		
CITY-ST-ZIP FORT MYERS, FL 33912		CITY-ST-ZIP FORT MYERS, FL 33912		CITY-ST-ZIP FORT MYERS, FL 33912		
TITLE ST	NAME PETRONE, JOSEPH		<input type="checkbox"/> Delete	TITLE ST	NAME PETRONE, JOSEPH	
STREET ADDRESS 14531 LEGENDER BLVD. NORTH # 203		CITY-ST-ZIP FORT MYERS, FL 33912		STREET ADDRESS 14531 LEGENDS BLVD. NORTH #203		
CITY-ST-ZIP FORT MYERS, FL 33912		CITY-ST-ZIP FORT MYERS, FL 33912		CITY-ST-ZIP FORT MYERS, FL 33912		
TITLE ASM	NAME REDDING, DON		<input type="checkbox"/> Delete	TITLE ASM	NAME REDDING, DON	
STREET ADDRESS 12734 KENWOOD LANE # 49		CITY-ST-ZIP FORT MYERS, FL 33907		STREET ADDRESS 12734 KENWOOD LANE # 49		
CITY-ST-ZIP FORT MYERS, FL 33907		CITY-ST-ZIP FORT MYERS, FL 33907		CITY-ST-ZIP FORT MYERS, FL 33907		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP CITY-ST-ZIP		CITY-ST-ZIP 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 empowers.						
SIGNATURE:			2/8/06			
JEROME SATKIEWIEZ			239 561 2039			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #			