

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009636

FILED  
Mar 23, 2010  
Secretary of State

**Entity Name:** LONGHURST II OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LANE  
#49  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12734 KENWOOD LANE  
#49  
FORT MYERS, FL 33907

**New Mailing Address:**

**FEI Number:** 51-0496795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE  
#9 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: P  
Name: SOTKIEWIC, JEROME  
Address: 14521 LEGENDS BLVD N #208  
City-St-Zip: FORT MYERS, FL 33912

Title: ST  
Name: BARRINGTON, DAVID  
Address: 14523 LEGENDS BLVD NORTH, #108  
City-St-Zip: FORT MYERS, FL 33912

Title: VP  
Name: PETRONE, JOSEPH  
Address: 14531 LEGENDS BLVD N. #203  
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: JEROME SOTKIEWIC

P

03/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date