


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

06-27-2005 90001 031 \*\*\*\*61.25

<b>DOCUMENT # N04000000630</b> 1. Entity Name <b>LONGHURST III OF LEGENDS CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>10471 SIX MILE CYPRESS PARKWAY SUITE #2 FORT MYERS, FL 33912</b>	Mailing Address <b>10471 SIX MILE CYPRESS PARKWAY SUITE #2 FORT MYERS, FL 33912</b>
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**50053721**

2. Principal Place of Business <b>12734 Kenwood Ln</b>	3. Mailing Address <b>12734 Kenwood Ln.</b>
Suite, Apt. #, etc. <b>#49</b>	Suite, Apt. #, etc. <b>#49</b>
City & State <b>Ft. Myers, FL</b>	City & State <b>Ft. Myers, FL</b>
Zip <b>33907</b> Country	Zip <b>33907</b> Country



05022005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1216805</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBITETTO, JOHN 10471 SIX MILE CYPRESS PARKWAY #2 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READER, JAMES 10471 SIX MILE CYPRESS PARKWAY #2 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOWLES, KIRK 10471 SIX MILE CYPRESS PARKWAY #2 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Don Roedding 5/1/05 (238) 535-2559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #