

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000630

FILED
Mar 06, 2009
Secretary of State

Entity Name: LONGHURST III OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907

New Principal Place of Business:

12734 KENWOOD LANE
SUITE 49
FORT MYERS, FL 33907

Current Mailing Address:

New Mailing Address:

FEI Number: 65-1216805 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MGMT
12734 KENWOOD LN 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 () Delete
Name: MUSCARO, DAVE
Address: 14551 LEGEND BLVD N 204
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: DONOHUE, ED
Address: 14551 LEGEND BLVD N 401
City-St-Zip: FORT MYERS, FL 33912

Title: TS () Delete
Name: LURD, JIM
Address: 14551 LEGEND BLVD #406
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: LUND, JIM
Address: 14551 LEGEND BLVD #406
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVE MUSCARO

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date