
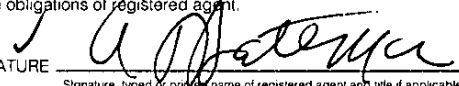
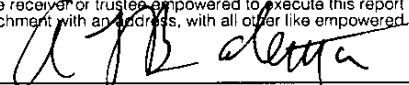


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90021 042 \*\*\*\*61.25

DOCUMENT # N05000010796					
1. Entity Name LEGACY AT LELY RESORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109		Mailing Address 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3823234	
Zip		Country		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		
BARNETT, LISA H 821 5TH AVE S SUITE 201 NAPLES, FL 34102			Name <u>Bateman, Al</u> Street Address (P.O. Box Number is Not Acceptable) <u>2245 Venetian Court, Bldg 4</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34109</u>		
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 		DATE <u>7/6/06</u>			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BATEMAN, AL	NAME			
STREET ADDRESS	2245 VENETIAN CT BLDG 4	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DETSCH, JOYCE	NAME			
STREET ADDRESS	2245 VENETIAN CT BLDG 4	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DULANEY, JO ANN	NAME			
STREET ADDRESS	2245 VENETIAN CT BLDG 4	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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 empowered.					
SIGNATURE: 		DATE: <u>7/6/06</u>		DAYTIME PHONE: <u>(239) 430-1012</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					