


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90023 032 ****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 - No P.O. Box #
7869 Hawthorne Drive

3. Mailing Address
P.O. Box 12169

Suite, Apt. #, etc.
302

City & State
Naples, FL

City & State
Naples, FL

Zip
34113

Country
U.S.

Zip
34101

Country
U.S.



03132008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3823234

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BATEMAN, AL
2245 VENETIAN COURT BLDG 4
NAPLES, FL 34109

7. Name and Address of New Registered Agent

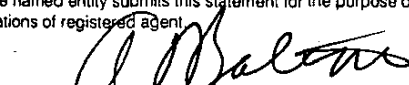
Name
Bateman, Arthur L.

Street Address (P.O. Box Number is Not Acceptable)
7869 Hawthorne Drive, # 302

City
Naples

FL Zip Code
34113

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: **3-17-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

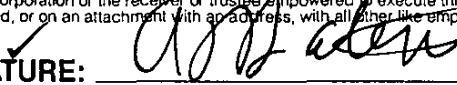
Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	D BATEMAN, AL 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bateman, Arthur L. 7869 Hawthorne Drive, # 302 Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERSCH, JOYCE 7869 HAWTHORNE DR #304 NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dersch, Joyce 7869 Hawthorne Drive, # 302 Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DULANEY, JO ANN 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109 <input checked="" 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
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 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: **3-17-08** DAYTIME PHONE #: **(239) 793-8990**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR