
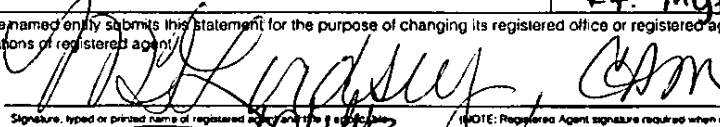
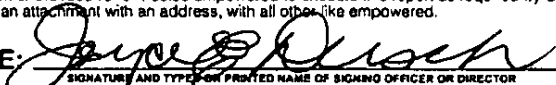


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-24-2008 90073 019 *****61.25
 N05000010796
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 MAY 23 PM 1:15

50001308

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 # Tropical Isles Management Suite, Apt. #, etc. 12734 Kenwood Lane #49		3. Mailing Address Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State	
Zip 33907		Country	
4. FEI Number 59-3823234		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 Tropical Isles Management Service, Inc Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Lane Suite 49 City Ft. Myers FL Zip Code 33907	
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 5-19-08	
Filing Fee is \$61.25 Due by May 1, 2008		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 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	P <input 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	S/T <input 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 type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Y P/BILL DERSCH <input type="checkbox"/> Change <input type="checkbox"/> Addition 7869 HAWTHORNE DR #304 NAPLES, FL 34113
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	B S/28/08 <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	
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	