

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 07, 2009  
Secretary of State**

DOCUMENT# N05000010796

Entity Name: LEGACY AT LELY RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE #49  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LANE #49  
FT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 59-3823234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MANAGEMENT SERVICE, INC.  
12734 KENWOOD LANE, STE 49  
FT 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: DP      ( ) Delete  
Name: BATEMAN, ARTHUR L  
Address: 7869 HAWTHORNE DRIVE #302  
City-St-Zip: NAPLES, FL 34113

Title: DST      ( ) Delete  
Name: DERSCH, JOYCE  
Address: 7869 HAWTHORNE DRIVE  
City-St-Zip: NAPLES, FL 34113

Title: V      ( ) Delete  
Name: DERSCH, BILL  
Address: 7869 HAWTHORNE DRIVE  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: MILISSA LINDSEY

RA

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date