

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010796

FILED  
Mar 27, 2010  
Secretary of State

**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  
Name: BATEMAN, ARTHUR L  
Address: 7869 HAWTHORNE DRIVE #302  
City-St-Zip: NAPLES, FL 34113

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

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

Title: D  
Name: PASCALE, MIKE  
Address: 6426 LEGACY CIR #604  
City-St-Zip: NAPLES, FL 34113

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR BATEMAN

P

03/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date