2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2011
Secretary of State

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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: P
Name: PASCALE, MICHAEL
Address: 6426 LEGACY CIRCLE #604
City-St-Zip: NAPLES, FL 34113

Title: VP
Name: DORWOOD, HARRY
Address: 6442 LEGACY CIRCLE #202
City-St-Zip: NAPLES, FL 34113

Title: ST
Name: CONWAY, B
Address: 6418 LEGACY CIRCLE #802
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: MICHAEL PASCALE P 04/04/2011

Electronic Signature of Signing Officer or Director — Date