

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007895

FILED  
Feb 01, 2012  
Secretary of State

**Entity Name:** THE LEGEND CLUB CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

5679 NAPLES BLVD  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

5679 NAPLES BLVD  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 26-3257482

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VIRGA, DONNA  
5679 NAPLES BLVD  
NAPLES, FL 34109 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: PCC  
Name: DEVITO, ANDREW  
Address: 8889 PELICAN BAY BLVD STE 300  
City-St-Zip: NAPLES, FL 34108

Title: VPCC  
Name: COLEMAN, MARK  
Address: 5679 NAPLES BLVD  
City-St-Zip: NAPLES, FL 34109

Title: VPD  
Name: TRETTER, ANDREW  
Address: 5679 NAPLES BLVD  
City-St-Zip: NAPLES, FL 34109

Title: VPD  
Name: BEAMON, BOB  
Address: PO BOX 802002  
City-St-Zip: AVENTURA, FL 33280

Title: VPD  
Name: GRAMMEN, BOB  
Address: 9180 GALLERIA CT STE 600  
City-St-Zip: NAPLES, FL 34109

Title: ST  
Name: COLEMAN, STEPHEN  
Address: 5679 NAPLES BLVD  
City-St-Zip: NAPLES, FL 34109

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: MARK L COLEMAN

VPCC

02/01/2012

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

\_\_\_\_\_  
Date