


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90176 022 ****61.25

0060677

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N97000007164

1. Corporation Name

LEGENDS GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC.

5 3 4 6 8 4
 * 534604 - 90176 - 22 *

Principal Place of Business 13891 JETPORT LOOP, SUITES 9 & 10 FORT MYERS FL 33913	Mailing Address 13891 JETPORT LOOP, SUITES 9 & 10 FORT MYERS FL 33913
---	---



2. Principal Place of Business 21 LEGENDS GOLF & COUNTRY CLUB	2a. Mailing Address 26 40 MIAMI MANAGEMENT	3. Date Incorporated or Qualified 12/24/1997
Suite, Apt. #, etc. 22 14500 FIDDLESTICKS BLVD.	Suite, Apt. #, etc. 27 14275 SW 142 AVE.	4. FEI Number APPLIED FOR 65-0767283
City & State 23 FORT MYERS, FL	City & State 28 MIAMI, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33912	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33180	Country 30 USA	

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
 100 SOUTHEAST SECOND STREET
 SUITE 2800
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name **KTG & S REGISTERED AGENT CORPORATION**
 82 Street Address (P.O. Box Number is Not Acceptable) **NATIONS BANK TOWER**
 83 **100 SE 2ND STREET, SUITE 2800**
 84 City **MIAMI** FL 85 Zip Code **33131-2144**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUJAK, ANDREW	
STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, DOUGLAS	
STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCCHESNEY, VALERIE	
STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FUCHS, MICHAEL	
STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 & 10	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GEARY, DENISE	
1.3 STREET ADDRESS	6450 NW 110 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL.	
2.1 TITLE	VPI/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COHEN, DOUGLAS	- DELETE -
2.3 STREET ADDRESS	13891 JETPORT LOOP, SUITES 9 & 10	
2.4 CITY-ST-ZIP	FORT MYERS, FL 33913	
3.1 TITLE	JD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CLARK, JILL	
3.3 STREET ADDRESS	8190 SW ROAD 84	
3.4 CITY-ST-ZIP	DAVIE, FL. 33324	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: **5/4/99** (305) 436-0912
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)