

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007164

FILED
Apr 05, 2007
Secretary of State

Entity Name: LEGENDS GOLF & COUNTRY CLUB MASTER ASSOCIATION, INC.

Current Principal Place of Business:

8600 LEGENDS BOULEVARD
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

8600 LEGENDS BOULEVARD
FORT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 56-2461192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOSEPH P. A.
14241 METROPOLIS AVENUE
SUITE 100
FT. MYERS, FL 33912 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: PD () Delete
Name: NELSON, RALPH
Address: 14501 LEGENDS BLVD N #301
City-St-Zip: FORT MYERS, FL 33912

Title: DVP () Delete
Name: PATTON, JANICE
Address: 14568 NEW HAMPTON PLACE
City-St-Zip: FORT MYERS, FL 33912

Title: SD () Delete
Name: JOSEPH, KRROLL
Address: 14574 NEW HAMPTON PLACE
City-St-Zip: FORT MYERS, FL 33912

Title: TD () Delete
Name: SIMON, JOSEPH
Address: 14320 DEVINGTON WAY
City-St-Zip: FORT MYERS, FL 33912

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH NELSON

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date