

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 17, 2009**  
**Secretary of State**

DOCUMENT# N97000007164

**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:**

HART, THOMAS B ESQ.  
KNOTT CONSOER EBELINI HART & SWETT, P.A.  
1625 HENDRY ST STE 301  
FT. MYERS, FL 33901 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, KROLL  
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: PD (X) Change ( ) Addition  
Name: CLARK, BURTON  
Address: 14544 NEW HAMPTON PLACE  
City-St-Zip: FORT MYERS, FL 33912

Title: DVP (X) Change ( ) Addition  
Name: QUINN, NORMAN  
Address: 8227 WOODRIDGE POINTE DRIVE  
City-St-Zip: FORT MYERS, FL 33912

Title: SD (X) Change ( ) Addition  
Name: MICHAUD, THOMAS  
Address: 8690 NOTTINGHAM POINTE WAY  
City-St-Zip: FORT MYERS, FL 33912

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

I hereby certify that the information supplied with this filing does not qualify 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: BURTON CLARK

PD

04/17/2009

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

\_\_\_\_\_  
Date