

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Apr 28, 2011
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
Name: STERN, HOWARD
Address: 8351 SHORECREST DRIVE
City-St-Zip: FORT MYERS, FL 33912Title: DVP
Name: SZELEST, FRANK
Address: 8636 BRITTANIA DRIVE
City-St-Zip: FORT MYERS, FL 33912Title: SD
Name: GRACE, PEG
Address: 14389 DEVINGTON WAY
City-St-Zip: FORT MYERS, FL 33912Title: TD
Name: SIMON, JOSEPH
Address: 14320 DEVINGTON WAY
City-St-Zip: FORT MYERS, FL 33912Title: D
Name: CAPLING, STEPHEN L
Address: 14419 DEVINGTON WAY
City-St-Zip: FORT MYERS, FL 33912Title: D
Name: BUNKER, MICHAEL L
Address: 4530 RANDAG DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

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: HOWARD STERN

PRES

04/28/2011

Electronic Signature of Signing Officer or Director_____
Date