

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 24, 2012**  
**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:** CLARK, BURTON  
**Address:** 8456 BRITANNIA DRIVE  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** DVP  
**Name:** CAPLING, STEPHEN  
**Address:** 14419 DEVINGTON WAY  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** SD  
**Name:** GRACE, MARGARET  
**Address:** 14389 DEVINGTON WAY  
**City-St-Zip:** FORT MYERS, FL 33912

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

**Title:** D  
**Name:** HAUCK, KENNETH  
**Address:** 14448 DEVINGTON WAY  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** D  
**Name:** SZELEST, FRANK  
**Address:** 8636 BRITANNIA DRIVE  
**City-St-Zip:** FORT MYERS, FL 33912

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: STEPHANIE OHLOFF

CONT

04/24/2012

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

\_\_\_\_\_  
Date