

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90434 001 ****61.25

DOCUMENT # N97000007164



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

Principal Place of Business
**LEGENDS GOLF & COUNTRY CLUB
8600 LEGENDS BLVD
FORT MYERS FL 33912
US**

Mailing Address
**LEGENDS GOLF & COUNTRY CLUB
8600 LEGENDS BLVD
FORT MYERS FL 33912
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0767283		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHIELDS, CHRISTOPHER J-ESQ 1833 HENDRY ST. FT. MYERS FL 33901				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEBITETTO, JOHN			NAME	10471 Six mile Cypress Pkwy #2		
STREET ADDRESS	13891 JETPOST LOOP			STREET ADDRESS	Ft. Myers, FL 33912		
CITY-ST-ZIP	FORT MYERS FL 33913			CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	DVP	<input type="checkbox"/> Delete		TITLE	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KNOWLES, KIRK			NAME	10471 Six mile Cypress Pkwy #2		
STREET ADDRESS	13891 JETPOST LOOP			STREET ADDRESS	Ft. Myers, FL 33912		
CITY-ST-ZIP	FORT MYERS FL 33913			CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	STD	<input type="checkbox"/> Delete		TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, THOMAS			NAME	Steven Leftwich		
STREET ADDRESS	13891 JETPOST LOOP			STREET ADDRESS	10471 Six mile Cypress Pkwy #2		
CITY-ST-ZIP	FORT MYERS FL 33913			CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **STEVEN LEFTWICH REGISTERED** 1-17-03 239-561-1444

CR2E037 (10/02)