2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# N99000006918

Entity Name: DEVINGTON OF LEGENDS GOLF & COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 65-0972391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 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: SIMON, JOE
Address: 14320 DEVINGTON WAY
City-St-Zip: FT. MYERS, FL 33912

Title: VPD ( ) Delete
Name: DEMARTINI, HELEN
Address: 14225 DEVINGTON WAY
City-St-Zip: FORT MYERS, FL 33912

Title: STD ( ) Delete
Name: FAVERO, JOHN
Address: 14340 DEVINGTON WAY
City-St-Zip: FT. MYERS, FL 33912

Title: D ( ) Delete
Name: KIMBELL, JOHN
Address: 14424 DEVINGTON WAY
City-St-Zip: FT MYERS, FL 33912

Title: D ( ) Delete
Name: HAUCK, KENNETH
Address: 14448 DEVINGTON WAY
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KURTZ, BOB
Address: 14328 DEVINGTON WAY
City-St-Zip: FT. MYERS, FL 33912

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

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

Title: D (X) Change ( ) Addition
Name: CAPLING, STEVE
Address: 14419 DEVINGTON WAY
City-St-Zip: FT 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 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: BOB KURTZ PD 03/23/2006

Electronic Signature of Signing Officer or Director — Date