2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000122670

FILED Mar 19, 2008 8:00 am Secretary of State 03-19-2008 90018 001 ***150.00

| 1. Entity Name LEGACY | AT LELY RESORT, INC. | | | | | | | | |
|--|---|--|---------------------------------------|---|-----------------------------------|----------------------------|----------------|----------------------------|---------------------------|
| Principal Place of Business 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109 | | Mailing Address 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109 | | | - 4004000 | | | | |
| 2. Principal Place of Business - No P.O. Box # 7869 Hawthorne Drive | | 3. Mailing Address P.O. Box 12169 | | | | | | | |
| # 302 Suite, Apt. #, etc. | | Suite, Apt, #, etc. | | | 03062008 | Chg-P | CR2E0 | 34 (12/06) | |
| City & State Naples, FL | | City & State Naples, FL | | | 4. FEI Numbe 20-0363 | | | | plied For t Applicable |
| Zip Country U.S. | | Zip Country U.S. | | | | of Status Desired | | \$8.75 Add Fee Required | |
| 6. Name and Address of Current Registered Agent Name | | | | | | Address of Nev | Hegisterea | Agent | |
| BATEMAN, ARTHUR L 2245 VENETIAN CT BLDG 4 | | | | Bateman, Arthur L. Street Address (P.O. Box Number is Not Acceptable), 7869 Hawthorne Dr., # 302 | | | | | |
| NAPLES, FL 34109 | | | | | | | | | . <u>-</u> . |
| | | | | Nap1 | Les | | FL | Zip Code 3411 | .3 |
| 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 egent. SIGNATURE Signature productioned in the of registered agent and title if applicable. (NOTE: Registered Apent signature: required when reinstating) DATE | | | | | | | | | |
| | | | | | 00 May Be ed to Fees | | | | |
| 10. | OFFICERS AND | | 11. | DP | ADDITIONS/ | CHANGES TO C | FFICERS AN | | |
| NAME STREET ADDRESS CITY-ST-ZIP | BATEMAN, ARTHUR L 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109 | ☐ Delate | NAME STREET ADDRESS CITY-ST-ZIP | Bate 7869 | eman, Art Hawtho: les, FL | rne Dr., | # 302 | K Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | DS DERSCH, JOYCE E 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 7869 | sch, Joye 9 Hawtho: les, FL | ce E. rne Dr., 34113 | # 302 | K Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT_ DULANEY, JO ANN 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109 | Ç Ì Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | • | | | ☐ Change | _ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DERSCH, WILLIAM 2245 VENETIAN CT BLDG 4 NAPLES, FL 34109 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 786 | sch, Wil 9 Hawtho les, FL | rne Dr., | # 302 | ₹ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Defete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | _ | | • | | □ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | - | Oelete | TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | | ☐ Change | Addition |
| | certify that the information synoliad with | this filing does not qualify to | | containe | d in Chanter 11 | - Florida Statute | s I further ce | artify that the in | nformation |

recept certify triat the information supplied with this filling does not quality for the exemptions contained 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 signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with address, with all other like empowered.