

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000004574

**Entity Name:** LONGHURST IV OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 08, 2017**  
**Secretary of State**  
**CC8842489840**

**Current Principal Place of Business:**

12734 KENWOOD LANE  
STE. 49  
FORT MYERS, FL 33907

**Current Mailing Address:**

12734 KENWOOD LANE  
STE. 49  
FORT MYERS, FL 33907

**FEI Number:** 57-1170958

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MGMT.  
12734 KENWOOD LANE  
STE. 49  
FORT MYERS, FL 33907 US

*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

**Officer/Director Detail :**

Title P  
Name ANGLAVAR, DUANE  
Address 12734 KENWOOD LANE  
STE. 49  
City-State-Zip: FORT MYERS FL 33907

Title VP  
Name ROOF, JAMES  
Address 12734 KENWOOD LANE  
STE. 49  
City-State-Zip: FORT MYERS FL 33907

Title TS  
Name BATINA, MICHAEL  
Address 12734 KENWOOD LANE  
STE. 49  
City-State-Zip: FORT MYERS FL 33907

*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:** DUANE ANGLAVAR

P

03/08/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date