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		
Officer/Director Detail :				
	Title	Р	Title	VP
	Name	PASCALE, MICHAEL	Name	KNIAZ, MARY
	Address	12734 KENWOOD LANE #49	Address	12734 KENWOOD LANE #49
	City-State-Zip:	FORT MYERS FL 33907	City-State-Zip:	FORT MYERS FL 33907
	Title	ST		
	Name	CONWAY, B		
	Address	12734 KENWOOD LANE #49		

TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE #49 FT MYERS, FL 33907

Current Principal Place of Business:

DOCUMENT# N05000010796

TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE #49 FT MYERS, FL 33907

Current Mailing Address:

FEI Number: 59-3823234

Name and Address of Current Registered Agent:

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: LEGACY AT LELY RESORT CONDOMINIUM ASSOCIATION, INC.

KATZMAN GARFINKEL & BERGER 5297 W COPANS RD MARGATE, FL 33063 US

submits this state nt for the a of abanging its registered offic h ad antitu The

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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.

Ρ

SIGNATURE: MICHAEL PASCALE

City-State-Zip: FORT MYERS FL 33907

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/04/2013

Date

Date