

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 T DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996 *an*



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morlham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 OCT 17 AM 10:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 738154 (4) WA7-20744
 1. Corporation Name
LEGEND LAKE ESTATES HOME OWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
 4698 FOXVIEW PLACE 4698 FOXVIEW PLACE
 LAKE WORTH FL 33467 LAKE WORTH FL 33467

3. Date Incorporated or Qualified 02/22/1977 3a. Date of Last Report 07/10/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1788951	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired 2	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

DEFOOR MARTIN L.
 4698 FOXVIEW PL.
 LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Martin L. Defoor* 10/1/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for the filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>Trustee</i> DEFOOR, MARTIN	1.1 TITLE	<i>President/Director</i>
NAME	4698 FOXVIEW PLACE	1.2 NAME	<i>Nick Perotti-Nick</i>
STREET ADDRESS	LAKE WORTH FL	1.3 STREET ADDRESS	<i>4279 Hunting Trail</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>LAKE WORTH FL 33467</i>
TITLE	DST DEFOOR, LUCY	2.1 TITLE	<i>V. President, Asst. Pres, Director</i>
NAME	4698 FOXVIEW PLACE	2.2 NAME	<i>Lavine-Mark</i>
STREET ADDRESS	LAKE WORTH FL	2.3 STREET ADDRESS	<i>4417 Hunting Trail</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>LAKE WORTH FL 33467</i>
TITLE	D GARRETT, PAMELA	3.1 TITLE	
NAME	4698 FOXVIEW PLACE	3.2 NAME	
STREET ADDRESS	LAKE WORTH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<i>Haine, Chris</i>	4.1 TITLE	
NAME	<i>120 Royal Palm Bch Blvd Suite 172</i>	4.2 NAME	
STREET ADDRESS	<i>Royal Palm Beach, FL 33411</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<i>President/Director Perotti</i>	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<i>Mark Lavine</i>	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

REINSTATEMENT

100002325391-6
 -10/21/97--01030 page 007 Addition
 ****297.50 ****297.50

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 6-17-96 561 433-3884
 Date Daytime Phone #

CR2E037 (3/96)