

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

05-02-2001 90108 049 ****61.25

DOCUMENT # 738154

1. Entity Name

Legend Lake Estates Home Owners Association, Inc.

Principal Place of Business

Mailing Address

c/o
 Associated Property Mngt
 400 S. Dixie Hwy
 Suite 10
 Lake Worth, FL 33460

2. Principal Place of Business

c/o APM

3. Mailing Address

c/o APM

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#10 400 S. Dixie Hwy

#10 400 S. Dixie Hwy

City & State

City & State

Lake Worth, FL

Lake Worth, FL

Zip

Country

Zip

Country

33460

USA

33460

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
 Associated Property Management
 Street Address (P.O. Box Number is Not Acceptable)
 400 S. Dixie Hwy Suite 10
 Lake Worth, FL 33467
 City
 FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to:
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Barbara Lively	4534 Hunting Trail	Lake Worth, FL 33467	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Carolynn Turner	4358 Hunting Trail	Lake Worth, FL 33467	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D/S Maxima Kri's	4467 Hunting Trail	Lake Worth, FL 33467	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Francis J. Flaherty	4350 Hunting Trail	Lake Worth, FL 33467	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Curtis Woods	4562 Hunting Trail	Lake Worth, FL 33467	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

501-478-1774

Date

Daytime Phone #

CR2E037 (11/00)