

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90170 032 ****61.25

DOCUMENT # 738154

1. Entity Name
LEGEND LAKE ESTATES HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**3461-B FAIRLANE FARMS RD.
 WELLINGTON, FL 33414**

Mailing Address
**3461-B FAIRLANE FARMS RD.
 WELLINGTON, FL 33414**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

City & State
 Zip

Country
 Country

40053919



03132006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1788951

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NEWSOME, JOHN
 3461-B FAIRLANE FARMS RD.
 WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | ERNST, BILL | |
| STREET ADDRESS | 4400 HUNTING TRAIL | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LIVELY, JOHN | |
| STREET ADDRESS | 4534 HUNTLEY TRAIL | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MAJDOWSKI, RICHARD | |
| STREET ADDRESS | 4392 HUNTING TRAIL | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | HACK, VIRGINIA | |
| STREET ADDRESS | 4287 HUNTING TRAIL | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SEMPLE, BILL | |
| STREET ADDRESS | 4539 HUNTING TRAIL | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VAN ALSTYNE, RON | |
| STREET ADDRESS | 4567 HUNTING TRAIL | |
| CITY-ST-ZIP | LAKE WORTH, FL 33467 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|--|
| TITLE | T/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4534 HUNTING TRAIL | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4540 HUNTING TRAIL | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ **4-13-06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #