

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738154

FILED
Jan 05, 2011
Secretary of State

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

Current Principal Place of Business:

WELLINGTON MANAGEMENT INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

New Principal Place of Business:

THE CONTINENTAL GROUP INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

Current Mailing Address:

WELLINGTON MANAGEMENT INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

New Mailing Address:

THE CONTINENTAL GROUP INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

FEI Number: 59-1788951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, JOHN
WELLINGTON MANAGEMENT INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

NEWSOME, JOHN
THE CONTINENTAL GROUP INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 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:

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BOERSTLER, PAUL
Address: 4636 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

Title: VPD
Name: LUNDBERG, ERIC
Address: 4292 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: MAJDOWSKI, RICHARD
Address: 4392 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

Title: SD
Name: HACK, VIRGINIA
Address: 4287 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

Title: D
Name: COPPEDGE, SCOTT
Address: 4650 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

Title: TD
Name: VAN ALSTYNE, RONALD
Address: 4547 HUNTING TRAIL
City-St-Zip: LAKE WORTH, FL 33467

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: PAUL BOERSTLER

PD

01/05/2011

Electronic Signature of Signing Officer or Director

Date