# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**
**Feb 21, 2003 8:00 am**
**Secretary of State**
01-30-2003 90108 036 ****61.25

55009245

DOCUMENT # 738154

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

☐ CHECK HERE IF MAKING CHANGES

| Principal Place of Business | Mailing Address |
|---|---|
| ~~% AMP~~<br>~~# 10 400 S DIXIE HGWY~~<br>~~LAKE WORTH FL 33460~~ | ~~% AMP~~<br>~~# 10 400 S DIXIE HGWY~~<br>~~LAKE WORTH FL 33460~~ |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 12785 - C Forest Hill Blvd<br>Suite, Apt. #, etc. | 12785 - C Forest Hill Blvd<br>Suite, Apt. #, etc. |
| City & State: Wellington FL | City & State: Wellington FL |
| Zip: 33414 Country: USA | Zip: 33414 Country: USA |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| ~~ASSOCIATER PROPERTY MANAGEMENT~~<br>~~400 S DIXIE HGWY~~<br>~~SUITE 10~~<br>~~LAKE WORTH FL 33467~~ | Name: John Newsome<br>Street Address (P.O. Box Number is Not Acceptable)<br>12785 - C Forest Hill Blvd.<br>City: Wellington FL Zip Code: 33414 |

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 _____ John Newsome 1-9-03
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 Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T/D<br>FLAHEARTY, FRANCIS J<br>4220 HUNTING TRAIL<br>LAKE WORTH FL 33467 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D/S<br>MORENA, KRIS<br>4467 HUNTING TRAIL<br>LAKE WORTH FL 33467 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>Morena, Kris<br>4467 Hunting Trl<br>Lake Worth, FL 33467 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>LIVELY, CATHY<br>4534 HUNTING TRAIL<br>LAKE WORTH FL 33467 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer<br>Peter Ranta<br>4531 Hunting Trl<br>Lake Worth, FL 33460 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>TURNER, CAROLYN<br>4358 HUNTING TRAIL<br>LAKE WORTH FL 33467 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Secretary<br>Somers, Hans<br>4459 Hunting Trl<br>Lake Worth, 33460 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WOODS, CURTIS<br>4562 HUNTING TRAIL<br>LAKE WORTH FL 33467 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Van Alstyne, Ron<br>4567 Hunting Trl<br>Lake Worth, FL 33460 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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 REQUIRED John Newsome 1/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #