

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765895 (8)

1. Corporation Name

LEGION VILLAGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

734 LEGION DRIVE
DESTIN FL 32541

734 LEGION DRIVE
DESTIN FL 32541

3. Date Incorporated or Qualified
11/29/1982

3a. Date of Last Report
06/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
26-6446959

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAZIER, BEVERLY
734 LEGION DR
DESTIN FL 32541

81 Name

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

83

84 City

FL

85 Zip Code

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

Beverly Frazier
Signature, typed or printed name of registered agent and by whom applicable.

BEVERLY FRAZIER
(NOTE: Registered Agent signature required when reinstating)

4/9/96
Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP DELETE
NAME OLIVER, GILBERT
STREET ADDRESS 734 LEGION DR. #11
CITY-ST-ZIP DESTIN FL

1.1 TITLE Change Addition
1.2 NAME GLENN ALMOND
1.3 STREET ADDRESS P.O. BOX 4192
1.4 CITY-ST-ZIP FORT WATSON BEACH, FL 32547

TITLE D DELETE
NAME CHANDLER, LISA
STREET ADDRESS 734 LEGION DR. #18
CITY-ST-ZIP DESTIN FL

2.1 TITLE Change Addition
2.2 NAME W.E. ANDREWS
2.3 STREET ADDRESS 734 LEGION DR.
2.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE DT DELETE
NAME BROWN, LEON
STREET ADDRESS 343 MOUNTAIN DR
CITY-ST-ZIP DESTIN FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DS DELETE
NAME GEISINGER, SONYA
STREET ADDRESS 843 KELL AIRE DR
CITY-ST-ZIP DESTIN FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Sonya Geismar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96
Date

(904) 654-5083
Daytime Phone #

CR2E037 (12/95)