

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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
 4. FEI Number 26-6446959 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 FRAZIER, BEVERLY
 734 LEGION DR
 DESTIN FL 32541

10. Name and Address of New Registered Agent
 81 Name Kelly T. Carpenter
 82 Street Address (P.O. Box Number is Not Acceptable) 734 LEGION DR #63
 83
 84 City DESTIN FL 85 Zip Code 32541

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 Kelly T. Carpenter DATE 07-02-98
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GLENN, ALMOND	
STREET ADDRESS	PO BOX 4182	
CITY-ST-ZIP	FT WALTON BCH FL 32549	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHANDLER, LISA	
STREET ADDRESS	734 LEGION DR. #18	
CITY-ST-ZIP	DESTIN FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, W E	
STREET ADDRESS	734 LEGION DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	GEISINGER, SONYA	
STREET ADDRESS	843 KELL AIRE DR	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	B-P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Todd D. Brown	
1.3 STREET ADDRESS	639 Hwy 98 E	
1.4 CITY-ST-ZIP	Destin, FL 32541	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rodney Poston	
2.3 STREET ADDRESS	734 Legion Dr #87	
2.4 CITY-ST-ZIP	Destin, FL 32541	
3.1 TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Heather M.T. Brown	
3.3 STREET ADDRESS	734 Legion Dr #9	
3.4 CITY-ST-ZIP	Destin, FL 32541	
4.1 TITLE	D-C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Paul Ozack	
4.3 STREET ADDRESS	734 Legion Dr #24	
4.4 CITY-ST-ZIP	Destin, FL 32541	
5.1 TITLE	D-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kelly T. Carpenter	
5.3 STREET ADDRESS	734 Legion Dr #63	
5.4 CITY-ST-ZIP	Destin, FL 32541	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Beth Kidd	
6.3 STREET ADDRESS	734 Legion Dr #82	
6.4 CITY-ST-ZIP	Destin, FL 32541	

14. 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 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: Kelly T. Carpenter DATE 07-02-98 850-654-0859
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (5/98)