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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90003 048 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765895

1. Corporation Name
LEGION VILLAGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 734 LEGION DRIVE DESTIN FL 32541	Mailing Address 734 LEGION DRIVE DESTIN FL 32541
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/29/1982
22 City & State	27 City & State	4. FEI Number 26-6446959
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	25	29
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

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* *Tres* DATE: 04-30-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, TODD D.	1.2 NAME	
STREET ADDRESS	639 HWY 98 E	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTON, RODNEY	2.2 NAME	
STREET ADDRESS	734 LEGION DR #87	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HEATHER M. T.	3.2 NAME	
STREET ADDRESS	734 LEGION DR #9	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZACK, PAUL	4.2 NAME	
STREET ADDRESS	734 LEGION DR #24	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, KELLY T.	5.2 NAME	
STREET ADDRESS	734 LEGION DR #63	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIDD, BETH	6.2 NAME	
STREET ADDRESS	734 LEGION DR #82	6.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Kelly T. Carpenter* *Tres* DATE: 04-30-99 850-837-5733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)