


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90289 011 ****61.25

DOCUMENT # 765895					
1. Entity Name LEGIION VILLAGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 734 LEGION DRIVE DESTIN, FL 32541			Mailing Address 734 LEGION DRIVE DESTIN, FL 32541		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-6446959	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, LEON 734 LEGION DRIVE DESTIN, FL 32541			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CARL		NAME	Jim Murphy	
STREET ADDRESS	P O BOX 4052		STREET ADDRESS	734 Legion Dr #44 Destin FL 32541.	
CITY-ST-ZIP	FT WALTON BCH, FL 32541		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PAULA		NAME	Don Bryan	
STREET ADDRESS	184 S. HOLIDAY ROAD		STREET ADDRESS	734 Legion Dr #78 Destin FL 32541	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BANNON, PEGGY		NAME	Jeff Adamson	
STREET ADDRESS	344 L'ATRIUM DRIVE		STREET ADDRESS	151 Regions Way Suite 4A Destin FL 32541	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Jamie Hale	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANLON, CAROLINA J		NAME	734 Legion Dr #7	
STREET ADDRESS	734 LEGION DR #6		STREET ADDRESS	Destin FL 32541.	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Dyannell Meredith	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIDD, ELIZABETH A		NAME	734 Legion Dr #86	
STREET ADDRESS	734 LEGION DR #45		STREET ADDRESS	Destin FL 32541	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Mary Manini	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, LEON		NAME	548 Mary Estlin Ct off	
STREET ADDRESS	184 S HOLIDAY RD		STREET ADDRESS	FT Walton Beach FL 32549.	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		



04092004 Chg-NP CR2E037 (10/03)

4. FEI Number 26-6446959 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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: *Jim Murphy President*

4/9/04