

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 765895

FILED
Sep 22, 2005
Secretary of State

Entity Name: LEGION VILLAGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

734 LEGION DRIVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

734 LEGION DRIVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 26-6446959

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, LEON
734 LEGION DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: LEON BROWN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURPHY, JIM
Address: 734 REGIONS DR., #44
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: BRYAN, DON
Address: 734 REGION DR., #78
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: GOAMSON, JEFF
Address: 151 REGIONS WAY, STE. 4A
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: HALE, JAMIE
Address: 734 REGION DR., #7
City-St-Zip: DESTIN, FL 32541

Title: PD () Delete
Name: DYEWALL, MEREDITH
Address: 734 REGION DR., #86
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: MANEINI, MARY
Address: 548 MARY ESTHER CUTOFF
City-St-Zip: FORT WALTON BEACH, FL 32549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM MURPHY

Electronic Signature of Signing Officer or Director

PRES

09/22/2005

Date