

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765895

FILED  
Apr 27, 2006  
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:

\_\_\_\_\_  
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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 Chapter 119, 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: JEFFERY D. ADAMSON

MR

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date