

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90143 042 ****61.25

DOCUMENT # 765895

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **26-6446959**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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 type="checkbox"/> Delete
NAME	TAYLOR, CARL	
STREET ADDRESS	P O BOX 4052	
CITY-ST-ZIP	FT WALTON BCH FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, PAULA	
STREET ADDRESS	184 S. HOLIDAY ROAD	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'BANNON, PEGGY	
STREET ADDRESS	344 L'ATRIUM DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	POSTEN, RODNEY	
STREET ADDRESS	734 LEGION DR. #87	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KIDD, ELIZABETH A	
STREET ADDRESS	734 LEGION DR #45	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROWN, LEON	
STREET ADDRESS	184 S HOLIDAY RD	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROLINA J. HANLON	
STREET ADDRESS	734 LEGION DR #6	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

850-837-5733

CR2E037 (10/02)