

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90010 014 ****61.25

DOCUMENT # N00000000744

1. Entity Name
LEGACY PARK OWNER'S ASSOCIATION, INC.



Principal Place of Business
450 S. ORANGE AVENUE
ORLANDO, FL 32801

Mailing Address
P.O. BOX 4920
ORLANDO, FL 32802



2. Principal Place of Business - No P.O. Box #
4630 Woodland Corp Blvd.

3. Mailing Address
4630 Woodland Corp. Blvd.

Suite, Apt. #, etc.
Suite 150

Suite, Apt. #, etc.
Suite 150

03072007 Chg-NP CR2E037 (12/06)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3686781

Applied For
Not Applicable

Zip
33614

Country
USA

Zip
33614

Country
USA

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

6. Name and Address of Current Registered Agent

BOURNE, ROBERT A
450 S. ORANGE AVENUE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name... CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

City TALLAHASSEE

FL

Zip Code 32301-2525

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]

Karen M. Dyer, Asst. Sec.

3/14/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

TITLE	PDCH	<input checked="" type="checkbox"/> Delete
NAME	SENEFF, JAMES M	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	DVPT	<input checked="" type="checkbox"/> Delete
NAME	BOURNE, ROBERT A	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	HUTCHISON, THOMAS J III	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCHLACHTER, KAREN K	
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSTON, JOSEPH E.	
STREET ADDRESS	4630 WOODLAND BLVD., STE 150	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FENZA, ROBERT E.	
STREET ADDRESS	500 CHESTERFIELD PARKWAY	
CITY-ST-ZIP	MALVERN, PA 19355	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPPARD, ANNE E.	
STREET ADDRESS	500 CHESTERFIELD PARKWAY	
CITY-ST-ZIP	MALVERN, PA 19355	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARLEY, MARK	
STREET ADDRESS	4630 WOODLAND BLVD., STE 150	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICCIO, SCOTT	
STREET ADDRESS	4630 WOODLAND BLVD., STE 150	
CITY-ST-ZIP	TAMPA, FL 33614	
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 exemptions contained 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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07

Date

610-648-1727

Daytime Phone #