2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 11, 2005 08:00 AM Secretary of State DOCUMENT # N02000004239 1. Entity Name LEGEND LAKES HOMEOWNERS ASSOCIATION OF VERO BEACH, INC. Principal Place of Business Mailing Address 7965 LANTANA ROAD PO BOX 540623 LAKE WORTH FL 33467 LAKE WORTH FL 33454 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 04-3681299 Not Applicab! Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARY SMIGIEL, L.C. Street Address (P.O. Box Number is Not Acceptable) 7965 LANTANA ROAD LAKE WORTH FL 33467 Žip 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 egent and title displicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61,25 \$5.00 May Be Election Campaign Financing Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VD Hite Delete THE Change Addition SMIGIEL, GARY NAME NAME 7965 LANTANA ROAD STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 CHY-S1-702 CHY-ST-ZIP HILF Delete Mill ☐ Change ☐ Addition U00000225457 HEINE, CHRIS NAME MANE 02/11/05-80042-004 61.25 7965 LANTANA ROAD STREET ANDRESS STREET ADDRESS LAKE WORTH FL 33467 CITY-SI-ZIP CHY-SI-78 Idil ☐ Delete ☐ Change ☐ Addition WINSTON, STEPHANIE NAME NAME 7965 LANTANA ROAD STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33467 Chr St-ZiP Cily-St-76 HILE __ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Clirk ST-78 CHIY-SI-ZIP HEF ☐ Defete ☐ Change ☐ Addition NAMI MAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-71P BILLE ☐ Delete \$1115 ☐ Change ☐ Addition NAME NAME STREET ADDRESS STIFEE LADDRESS CHY-SI-ZIP CHY 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)(f), 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.

FILED