

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

05 SEP 13 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Eckel SEP 14 2005



DOCUMENT # N02000004239 1. Entity Name LEGEND LAKES HOMEOWNERS ASSOCIATION OF VERO BEACH, INC.	
--	--

Principal Place of Business 7965 LANTANA ROAD LAKE WORTH, FL 33467	Mailing Address PO BOX 540623 LAKE WORTH, FL 33454
--	--

2. Principal Place of Business 680 SARINA TER. S.W. Suite, Apt. #, etc.	3. Mailing Address PO Box 690666 Suite, Apt. #, etc.
---	--

City & State VERO BEACH FL	City & State VERO BEACH, FL 32969
Zip 32968	Zip 32969
Country USA	Country USA

05252005	Chg-NP	CR2E037 (10/03)
4. FEI Number 04-3681299	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent GARY SMIGIEL, L.C. 7965 LANTANA ROAD LAKE WORTH, FL 33467	7. Name and Address of New Registered Agent Name <u>Robert A. DuBois P.D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>680 SARINA TER. S.W.</u> City <u>VERO BEACH</u> FL Zip Code <u>32968</u>
--	--

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 Robert A. DuBois - PRESIDENT DIRECTOR DATE 8-22-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMIGIEL, GARY			NAME	ROBERT A DUBOIS		
STREET ADDRESS	7965 LANTANA ROAD			STREET ADDRESS	680 SARINA TER S.W.		
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP	VERO BEACH, FL 32968		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	V.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEINE, CHRIS			NAME	PETTIT, Robert		
STREET ADDRESS	7965 LANTANA ROAD			STREET ADDRESS	4720 BELLA-RAE LN S.W.		
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP	VERO BEACH FL 32968		
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WINSTON, STEPHANIE			NAME	ZIMMERMAN, ROBERT		
STREET ADDRESS	7965 LANTANA ROAD			STREET ADDRESS	610 ALEXANDRA AVE SW		
CITY-ST-ZIP	LAKE WORTH, FL 33467			CITY-ST-ZIP	VERO BEACH, FLA. 32968		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Robert A. DuBois Robert A. DuBois P.D. DATE 8-22-05 DAYTIME PHONE # 772-567-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #