

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jul 22, 2006
Secretary of State**

DOCUMENT# N02000004239

Entity Name: LEGEND LAKES HOMEOWNERS ASSOCIATION OF VERO BEACH, INC.**Current Principal Place of Business:**590 ALEXANDRA AVE SW
VERO BEACH, FL 32968**New Principal Place of Business:**530 ALEXANDRA AVE SW
VERO BEACH, FL 32968**Current Mailing Address:**PO BOX 651208
VERO BEACH, FL 32965**New Mailing Address:**

FEI Number: 04-3681299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:DRYDEN, NANCY A TRES
590 ALEXANDRA AVE SW
VERO BEACH, FL 32968 US**Name and Address of New Registered Agent:**MORES, CHRISTOPHER N PRES
530 ALEXANDRA AVE SW
VERO BEACH, FL 32968 US

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: CHRISTOPHER N MORES

07/22/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PR () Delete
Name: MORES, CHRIS
Address: 530 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968Title: VP () Delete
Name: FAULKNER, CHARLES
Address: 595 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968Title: VP () Delete
Name: LEVY, MARK
Address: 585 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968Title: SEC () Delete
Name: MITCHELL, VIRGINIA C
Address: 775 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968Title: TRES () Delete
Name: DRYDEN, NANCY
Address: 5590 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PRES (X) Change () Addition
Name: MORES, CHRISTOPHER N
Address: 530 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: TRES (X) Change () Addition
Name: DRYDEN, NANCY
Address: 590 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968

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: CHRISTOPHER N MORES

PRES

07/22/2006

Electronic Signature of Signing Officer or Director

Date