## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000004239

FILED Feb 22, 2009 Secretary of State

Entity Name: LEGEND LAKES HOMEOWNERS ASSOCIATION OF VERO BEACH, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	ANDRA AVE S ACH, FL 3296			
Current Mailing Address:		New Mailing Address:		
PO BOX 6 VERO BE	651208 ACH, FL 3296	5		
El Number	: 04-3681299	FEI Number Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )
Name and	d Address of (	Current Registered Agent:	Name and Addre	ss of New Registered Agent:
595 ALEX	ER, CHARLES (ANDRA AVE : ACH, FL 3296	SW		
	e named entity e of Florida.	submits this statement for the	purpose of changing its regis	tered office or registered agent, or both,
SIGNATU	RE:			
SIGNATU		nic Signature of Registered Ag	ent	Date
SIGNATU <b>OFFICER</b>				Date  NGES TO OFFICERS AND DIRECTO
	Electron	TORS: ) Delete HARLES O RA AVE SW		
DFFICER  itle: lame: lddress: city-St-Zip: itle: lame: lddress:	Electroi S AND DIREC PRES ( FAULKNER, CI 595 ALEXAND VERO BEACH, VP ( VANDYKE, JEI	TORS:  ) Delete HARLES O RA AVE SW FL 32968  ) Delete FREY NE MANOR SW	ADDITIONS/CHA  Title: Name: Address:	NGES TO OFFICERS AND DIRECTO
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Name: Address:	Electron  S AND DIRECT  PRES ( FAULKNER, CI 595 ALEXAND  VERO BEACH,  VP ( VANDYKE, JEI 4715 JOSEPH  VERO BEACH,  VP ( VORNDRAN, J	Delete HARLES O RA AVE SW FL 32968  Delete FREY NE MANOR SW FL 32968  Delete OHN NE MANOR SW	ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: Name: Address:	NGES TO OFFICERS AND DIRECTO
OFFICER Fitle: Name: Address:	Electron  S AND DIRECT  PRES ( FAULKNER, CI 595 ALEXAND  VERO BEACH,  VP ( VANDYKE, JEI 4715 JOSEPH  VERO BEACH,  VP ( VORNDRAN, J 4705 JOSEPH  VERO BEACH,	TORS:  ) Delete HARLES O RA AVE SW FL 32968  ) Delete FREY NE MANOR SW FL 32968  ) Delete OHN NE MANOR SW FL 32968  ) Delete OHN ONE MANOR SW FL 32968  ) Delete RAINIA C RA AVE SW	ADDITIONS/CHA  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: City-St-Zip:	( ) Change ( ) Addition  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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: JOHN VORNDRAN VP 02/22/2009