## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # N0400003724  1. Entity Name THE LEGENDS AT SAINT JOHNS CONDOMINIUM ASSOCIATION, INC.						03-13-2006 90081 021 ****61.25					
Principal Plac 5455 A1A SC ST AUGUSTIN	Address A1A SOUTH SUSTINE, FL 32080			 	}	<b>   </b>	III. 18868 (1881 818	I/AI			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					01042006	Chg-NP	CR2E03	7 (11/05)	
City & State		City & State					4. FEI Number 59-37563	306			oplied For ot Applicable
Zip	Country	Zip		Cou	intry	-	5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered	l Agent				7. Name and A	ddress of New	Registered A	gent	
MAY MANAGEMENT SERVICES INC					Name						
MAY MANAGEMENT SERVICES, INC. ATTN: CYNTHIA O'NEAL 5455 A1A SOUTH					Street A	ddress (	(P.O. Box Number is Not Acceptable)				
ST AUGUS	STINE, FL 32080										
					City				FL	Zip Cod	е
	named entity submits this statement folions of registered agent.	or the purpo	se of changing its	register	ed office or	register	ed agent, or both,	in the State of F	Florida. I am f	amiliar with,	and accept
SIGNATURE .					<u> </u>					_	
	· Classica based as asiated come of registered asset										
	Signature, typed or printed name of registered agent	and title if appli	cable. (NOTE	:: Hegistere	a Agieni signati	Jre required	when reinstating)		DATE		
3 % .	Filing Fee is \$61.25 Due by May 1, 2006	and title if appli	9. Election Car Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees		Make check		
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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:

SIGNAPURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #