2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State
04-09-2007 90071 028 ****61.25

DOCUMENT # N04000003724

1. Entity Name
THE LEGENDS AT SAINT JOHNS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5455 A1A SOUTH ST AUGUSTINE, FL 32080	5455 A1A SOUTH ST AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

01262007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3756306
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAY MANAGEMENT SERVICES, INC.
ATTN: CYNTHIA O'NEAL
5455 A1A SOUTH
ST AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	BENNETT, LYNDA
STREET ADDRESS	120 LEGENDARY DR. UNIT 208
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	VTD
NAME	KASHOU, JUDY
STREET ADDRESS	475 W TOWN PLACE
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	PD
NAME	CROWLEY, JERRY
STREET ADDRESS	475 W TOWN PLACE
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #