

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003724

FILED
Mar 15, 2011
Secretary of State

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

Current Principal Place of Business:

414 OLD HARD ROAD
SUITE 502
FLEMING ISLAND, FL 32003

New Principal Place of Business:

Current Mailing Address:

414 OLD HARD ROAD
SUITE 502
FLEMING ISLAND, FL 32003

New Mailing Address:

FEI Number: 55-0866764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDIAN PROPERTY MANAGEMENT, LLC
414 OLD HARD ROAD
SUITE 502
FLEMING ISLAND, FL 32003 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD
Name: DOUGLAS, PHILLIPS
Address: 414 OLD HARD RD, SUITE 502
City-St-Zip: FLEMING ISLAND, FL 32003 US

Title: VTD
Name: BAKER, EDWARD
Address: 414 OLD HARD RD, SUITE 502
City-St-Zip: FLEMING ISLAND, FL 32003

Title: PD
Name: CAPO, MARY
Address: 414 OLD HARD RD, SUITE 502
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VD
Name: WOOD, ASHLEY
Address: 414 OLD HARD RD, SUITE 502
City-St-Zip: FLEMING ISLAND, FL 32003

Title: SD
Name: BUTLER, JUNE
Address: 414 OLD HARD RD, SUITE 502
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS PHILLIPS

VD

03/15/2011

Electronic Signature of Signing Officer or Director

Date