

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000003806

1. Entity Name
HOMEOWNERS' ASSOCIATION OF LEGACY PARK, INC.



Principal Place of Business
**7758 WALLACE ROAD, STE. F
ORLANDO, FL 32819**

Mailing Address
**7758 WALLACE ROAD, STE. F
ORLANDO, FL 32819**



01152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1247173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FENN, RONALD E
7758 WALLACE ROAD, STE. F
ORLANDO, FL 32819**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
FENN, RONALD E
7758 WALLACE ROAD, STE. F
ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
GUPTA, SURESH
7758 WALLACE ROAD, STE. F
ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
FENN, DEBORAH A
7758 WALLACE ROAD, STE. F
ORLANDO, FL 32819**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000613061
02/08/07-80056-005 61.25

**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

Ronald E. Fenn RONALD E. FENN 1-30-07

Date

407-352-8002

Daytime Phone #