2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003806

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

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

DO NOT WRITE IN THIS SPACE

01072008 No Chg-NP CR2E037 (4/06)

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

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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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FENN, RONALD E
STREET ADDRESS	7758 WALLACE ROAD, STE. F
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VP
NAME	GUPTA, SURESH
STREET ADDRESS	7758 WALLACE ROAD, STE. F
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	DS
NAME	FENN, DEBORAH A
STREET ADDRESS	7758 WALLACE ROAD, STE. F
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/08-80013-016 61.25

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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: Ronald E Fenn 1/24/08 407-352-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #