2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002133

FILED Mar 24, 2009 Secretary of State

Entity Name: LEGACY DUNES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3200 LEGACY BLVD 3200 LEGACY BLVD KISSIMMEE, FL 34746 KISSIMMEE, FL 34747 **Current Mailing Address: New Mailing Address:** 3200 LEGACY BLVD 3200 LEGACY BLVD KISSIMMEE, FL 34746 KISSIMMEE, FL 34747 FEI Number: 16-5200408 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LENOX, DAVID R ESQ 201 EAST PINE STREET SUITE 500 ORLANDO, FL 32801 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SPINA, MICHAEL MAUREEN, HAYES PHILLIPS Name: Name: 3717 SPEAR POINT DRIVE Address: 1329 REID STREET Address: WESTERN SPRINGS, IL 60058 City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: Title: (X) Change () Addition () Delete QYINN, REED Name: JOE, LUBOMSKI Name: Address: 824 NORTH 470E Address: 6418 N. NEWARK City-St-Zip: OREM, UT 84097 City-St-Zip: CHICAGO, IL 60631 Title: () Delete Title: SEC () Change (X) Addition KEITH, OLINGER Name: Name: 38W385 HERITAGE OAKS DR. Address: Address: City-St-Zip: City-St-Zip: ST. CHARLES, IL 60175 () Change (X) Addition Title: () Delete Title: BOD MIKE, SPINA Name: Name: 7115 BLUE INDIGO CRESCENT Address: Address: City-St-Zip: City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KARIN DUTTON CAM 03/24/2009