

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
T DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996 *an*



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 OCT 17 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738154 (4) *W47-20744*
1. Corporation Name
LEGEND LAKE ESTATES HOME OWNERS ASSOCIATION, INC

Principal Place of Business

4698 FOXVIEW PLACE
LAKE WORTH FL 33467

Mailing Address

4698 FOXVIEW PLACE
LAKE WORTH FL 33467

3. Date Incorporated or Qualified
02/22/1977

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1788951

Applied For

Not Applicable

5. Certificate of Status Desired

~~20~~ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

DEFOOR MARTIN L.
4698 FOXVIEW PL.
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required for the filing.)

DATE

10/1/97

12. OFFICERS AND DIRECTORS

TITLE *Ad Trustee* ☐ DELETE
NAME DEFOOR, MARTIN
STREET ADDRESS 4698 FOXVIEW PLACE
CITY-ST-ZIP LAKE WORTH FL

TITLE *DST* ☐ DELETE
NAME DEFOOR, LUCY
STREET ADDRESS 4698 FOXVIEW PLACE
CITY-ST-ZIP LAKE WORTH FL

TITLE *D* ☒ DELETE
NAME GARRETT, PAMELA
STREET ADDRESS 4698 FOXVIEW PLACE
CITY-ST-ZIP LAKE WORTH FL

TITLE *Haine, Chris* ☐ DELETE
NAME *Haine, Chris*
STREET ADDRESS *1120 Royal Palm Blvd Suite 172*
CITY-ST-ZIP *Royal Palm Beach, FL 33411*

TITLE *President/Director* ☐ DELETE
NAME *Nick Perotti*
STREET ADDRESS
CITY-ST-ZIP

TITLE *Mark Lavine* ☐ DELETE
NAME *Mark Lavine*
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *President/Director* ☐ Change ☒ Addition
1.2 NAME *Nick Perotti-Nick*
1.3 STREET ADDRESS *4279 Hunting Trail*
1.4 CITY-ST-ZIP *LAKE WORTH FL 33467*

2.1 TITLE *V. President, Asst. Pres Director* ☐ Change ☒ Addition
2.2 NAME *Lavine - Mark*
2.3 STREET ADDRESS *4417 - Hunting Trail*
2.4 CITY-ST-ZIP *LAKE WORTH FL 33467*

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **REINSTATEMENT** ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE *100002325391--6*
5.2 NAME *-10/21/97--01030*
5.3 STREET ADDRESS *****297.50 ****297.50*
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-17-96
Date

561 433-384
Daytime Phone #

CR2E037 (3/96)