

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-08-2004 90036 009 ****70.00

DOCUMENT # N03000004618 1. Entity Name LOVELAND LEGACY, INC.					
Principal Place of Business 157 S HAVANA RD VENICE, FL 34292			Mailing Address 157 S HAVANA RD VENICE, FL 34292		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBERTS, GREGORY C ESQ. 341 VENICE AVE W VENICE, FL 34295			Name HARKINS, Michael Street Address (P.O. Box Number is Not Acceptable) 4242 South Tamiami Trail City VENICE FL Zip Code 34293		
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 <u><i>Michael Dark</i></u> Chair DATE <u><i>3/1/04</i></u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, GREGORY C 341 VENICE AVE W VENICE, FL 34285 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PENXA, CARL J JR 157 S HAVANA RD VENICE, FL 34292 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	H ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARKINS, MICHAEL J 4242 S TAMIAAMI TR VENICE, FL 34293 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUNIHAN, DAVID 332 VENICE GOLF CLUB DR VENICE, FL 342923177 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D Hough, Karen J 300 So. Nokomis Avenue Venice, FL 34285 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, FRED 3408 Royal Palm Drive North Port, FL 34288 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dunkin, David 170 Dearborn West Englewood, FL 34223 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Michael Dark</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u><i>3/1/04</i></u> (941)408-8557 Date Daytime Phone #		

66407281



02192004 Chg-NP CR2E037 (10/03)

4. FEI Number **56-2414389** Applied For ☐ Not Applicable ☒

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