I hereby 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 all other like empowered.

SIGNATURE: EDWARD GRANT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0200008534

Entity Name: LEGACY AT SHERWOOD FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O CREST MANAGEMENT GROUP, INC. 6413 CONGRESS AVENUE - SUITE 200 BOCA RATON, FL 33487

Current Mailing Address:

C/O CREST MANAGEMENT GROUP, INC. 6413 CONGRESS AVENUE - SUITE 200 BOCA RATON, FL 33487

FEI Number: 13-4252600

Name and Address of Current Registered Agent:

CREST MANAGEMENT GROUP 6413 CONGRESS AVENUE 200 BOCA RATON,FL, FL 33487 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

Officer/Director Detail :

Title	Р	Title	VP
Name	WELSING, MADELINE JP	Name	ASSERAF, ALAN V
Address	63 LEGACY CT	Address	4369 LEGACY CT.
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445
Title	TREASURER	Title	SECRETARY
Title Name	TREASURER GRANT, EDWARD	Title Name	SECRETARY COHEN, ARNONA

Т

Date

FILED Jan 30, 2013 Secretary of State CC7669374971

Certificate of Status Desired: No

Date