2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2016
Secretary of State
CC6714526990

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Entity Name: THE LEGENDS AT SAINT JOHNS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

414 OLD HARD ROAD
SUITE 502
FLEMING ISLAND, FL 32003

Current Mailing Address:

414 OLD HARD ROAD
SUITE 502
FLEMING ISLAND, FL 32003

FEI Number: 55-0866764

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDIAN PROPERTY MANAGEMENT, LLC
414 OLD HARD ROAD
SUITE 502
FLEMING ISLAND, FL 32003 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

Officer/Director Detail :

Title	PRESIDENT
Name	CAPO, WILLIS
Address	414 OLD HARD RD, SUITE 502
City-State-Zip:	FLEMING ISLAND FL 32003

Title	VP
Name	HOBDAY, ED
Address	414 OLD HARD RD, SUITE 502
City-State-Zip:	FLEMING ISLAND FL 32003

Title	VP
Name	PHILLIPS, DOUG
Address	414 OLD HARD ROAD SUITE 502
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIRECTOR
Name	TATEM, DENNIS
Address	414 OLD HARD ROAD SUITE 502
City-State-Zip:	FLEMING ISLAND FL 32003

Title	VP, SECRETARY
Name	GAGNE, ANN
Address	414 OLD HARD ROAD SUITE 502
City-State-Zip:	FLEMING ISLAND FL 32003

Title	VP, TREASURER
Name	MCMAHON, ROBERT
Address	414 OLD HARD ROAD SUITE 502
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIRECTOR
Name	BROCKWAY, MARK
Address	414 OLD HARD ROAD SUITE 502
City-State-Zip:	FLEMING ISLAND FL 32003

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: WILLIS CAPO PRESIDENT 03/17/2016

Electronic Signature of Signing Officer/Director Detail — Date