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.	

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PLEAT, DAVID B 4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541 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:

# Officer/Director Detail ·

D	Title	D	
PLEAT, DAVID B	Name	PLEAT, AMY A	
4477 LEGENDARY DRIVE SUITE 202	Address	4477 LEGENDARY DRIVE SUITE 202	
DESTIN FL 32541	City-State-Zip:	DESTIN FL 32541	
	D PLEAT, DAVID B 4477 LEGENDARY DRIVE SUITE 202	DTitlePLEAT, DAVID BName4477 LEGENDARY DRIVE SUITE 202Address	

# 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400008313

#### Entity Name: 4477 LEGENDARY DRIVE CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**

4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541

## **Current Mailing Address:**

4477 LEGENDARY DRIVE SUITE 202 DESTIN, FL 32541

## FEI Number: 20-1243204

DIRECTOR

03/22/2013 Date

Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 22, 2013 Secretary of State CC9615147719

Certificate of Status Desired: No