

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002133

**Entity Name:** LEGACY DUNES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3200 LEGACY BLVD.  
KISSIMMEE, FL 34747**Current Mailing Address:**3200 LEGACY BLVD.  
KISSIMMEE, FL 34747 US**FEI Number: 80-0710823****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIS, PATRICK HESQ.  
121 SOUTH ORANGE AVENUE  
1500  
ORLANDO, FL 32801 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	PD
Name	SOX, STEVEN
Address	8909 LEGACY COURT, BLDG. 15, UNIT 302
City-State-Zip:	KISSIMMEE FL 34747

Title	VPD
Name	KRIEGER, GREGORY
Address	8819 DUNES COURT, BLDG. 8, UNIT 106
City-State-Zip:	KISSIMMEE FL 34747

Title	SECRETARY
Name	CANDIDO, SCOTT
Address	10701 DARK WATER CT.
City-State-Zip:	CLERMONT FL 34715

Title	DIRECTOR
Name	JOHNSON, LARRY
Address	12454 ALSWELL LANE
City-State-Zip:	ST. LOUIS MO 63128

Title	TREASURER
Name	SANGENITO, ANTHONY
Address	8923 LEGACY COURT, BLDG. 19, UNIT 204
City-State-Zip:	KISSIMMEE FL 34747

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: STEVEN SOX****PD****01/25/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date