2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 23, 2006 **DOCUMENT# 765895** Secretary of State

Entity Name: LEGION VILLAGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

734 LEGION DRIVE DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

734 LEGION DRIVE DESTIN, FL 32541

FEI Number: 26-6446959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, LEON 734 LEGION DRIVE 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MURPHY, JIM ADAMSON, JEFF Name: Name:

734 RGIONS DR., #44 Address: 155 INDIGO LOOP SOUTH Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: MIRAMAR BEACH, FLORIDA, FL 32550

Title: Title: (X) Change () Addition

Name: BRYAN, DON Name: BROWN, PAULA

Address: 734 REGION DR., #78 Address: P O BOX 1317 City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32540

Title: () Delete Title: (X) Change () Addition GOAMSON, JEFF VILOTT, HELEN Name: Name:

151 REGIONS WAY, STE. 4A 734 LEGION DRIVE UNIT 18 Address:

Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

Title: () Delete Title: (X) Change () Addition Name: HALE, JAMIE Name: MURPHY, JIMMIE

734 REGION DR., #7 734 REGION DRIVE, UNIT 44 Address: Address:

City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541

Title: (X) Delete Title: () Change () Addition

DYEWALL, MEREDITH Name: Name: 734 REGION DR., #86 Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MANEINI, MARY Name: Name: Address: 548 MARY ESTHER CUTOFF Address: FORT WALTON BEACH, FL 32549 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFF ADAMSON Ρ 06/23/2006