2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765895

FILED Feb 13, 2007 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

MURPHY, JIM
734 LEGION DRIVE
DESTIN, FL 32541 US

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: JIM MURPHY 02/13/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 ADAMSON, JEFF
 Name:
 MURPHY, JIM

 Address:
 155 INDIGO LOOP SOUTH
 Address:
 734 LEGION DR #44

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

Title: T () Delete Title: T (X) Change () Addition Name: BROWN, PAULA Name: ADAMSON, JEFF

 Address:
 P O BOX 1317
 Address:
 151 REGIONS WAY, STE 4-A

 City-St-Zip:
 DESTIN, FL 32540
 City-St-Zip:
 DESTIN, FL 32541

Title: S () Delete Title: S (X) Change () Addition Name: VILOTT, HELEN Name: MANESS, LOIS

Address: 734 LEGION DRIVE UNIT 18 Address: 734 LEGION DRIVE UNIT #46

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

Title: VP () Delete Title: VP (X) Change () Addition Name: MURPHY, JIMMIE Name: FARR, SANDI

Address: 734 REGION DRIVE, UNIT 44 Address: 734 REGION DRIVE, UNIT 91

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

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 TREA 02/13/2007