

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 765895

FILED
Oct 30, 2008
Secretary of State

Entity Name: LEGION VILLAGE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

734 LEGION DRIVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

734 LEGION DRIVE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 26-6446959 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MURPHY, JIM
734 LEGION DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURPHY, JIM
Address: 734 LEGION DR #44
City-St-Zip: DESTIN, FL 32541

Title: T () Delete
Name: ADAMSON, JEFF
Address: 151 REGIONS WAY, STE 4-A
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: MANESS, LOIS
Address: 734 LEGION DRIVE UNIT #46
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: FARR, SANDI
Address: 734 REGION DRIVE, UNIT 91
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MURPHY, JIM
Address: 734 LEGION DR #44
City-St-Zip: DESTIN, FL 32541 US

Title: T (X) Change () Addition
Name: ADAMSON, JEFF
Address: 151 REGIONS WAY, STE 4-A
City-St-Zip: DESTIN, FL 32541 US

Title: S (X) Change () Addition
Name: RAUS, GENE
Address: 422 BAYWINDS DR
City-St-Zip: DESTIN, FL 32541 US

Title: VP (X) Change () Addition
Name: OSMIRA, TOURELLE
Address: 734 LEGION DRIVE #6
City-St-Zip: DESTIN, FL 32541 US

I hereby certify that the information supplied with this filing does not qualify 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: JIM MURPHY

Electronic Signature of Signing Officer or Director

P

10/30/2008

Date