

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001135

FILED
Jan 26, 2009
Secretary of State

Entity Name: LEGACY PLACE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4301 N.E. 23RD AVENUE
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

4809 RIVER PLACE DRIVE
KNOXVILLE, TN 37914 US

New Mailing Address:

FEI Number: 59-3690129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABDO, FRANK
4301 N.E. 23RD AVENUE
FORT LAUDERDALE, FL 33308 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ABDO, FRANK
Address: 4301 N.E. 23RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: DV () Delete
Name: BURTS, JESS
Address: 16896 S.W. 51ST STREET
City-St-Zip: MIRAMAR, FL 33027 US

Title: DST () Delete
Name: GREEN, LAURA
Address: 4809 RIVER PLACE DRIVE
City-St-Zip: KNOXVILLE, TN 37914 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: RANKIN, LAURA
Address: 4809 RIVER PLACE DRIVE
City-St-Zip: KNOXVILLE, TN 37914 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: LAURA RANKIN

DST

01/26/2009

Electronic Signature of Signing Officer or Director

Date