2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001194

City-St-Zip:

FILED Mar 01, 2006 Secretary of State

Entity Name: BEACON RIDGE AT LEGENDS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST STATE 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST STATE 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 59-3635281 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: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST STATE ROAD 434, SUITE 5000 LONGWOOD, FL 32779 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HACKER, E BING HAYE, OSWALD L Name: Name: 1635 E HWY 50 STE 200 Address: 3914 SUNFLOWER CIR Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: MITCHELLVILLE, MD 20721 (X) Change () Addition Title: Title: () Delete LAWSON, BRUCE Name: WILLIS, MICHAEL D Name: Address: 1635 E HWY 50 STE 200 Address: 3910 LIBERTY HILL DR City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: STD (X) Change () Addition SODERMARK, CHRISTINE SADECKY, SHIRLEY Name: Name: 1635 E HWY 50 STE 200 3815 BEACON RIDGE WAY Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change (X) Addition Name: Name: VICEVICH, BARBARA E 1565 MISTY GLEN LN Address: Address: City-St-Zip: City-St-Zip: CLERMONT, FL 34711 Title: () Delete Title: () Change (X) Addition PERRY, STEPHEN F Name: Name: 3655 LIBERTY HILLS DR Address: Address:

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.

City-St-Zip:

CLERMONT, FL 34711

SIGNATURE: OSWALD LAWRENCE HAYE PD 03/01/2006