

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001194

FILED
Mar 23, 2009
Secretary of State

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

Current Principal Place of Business:

2180 WEST STATE 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3635281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT INC
2180 WEST STATE ROAD 434, SUITE 5000
LONGWOOD, FL 32779 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: PD () Delete
Name: HAYE, OSWALD L
Address: 3831 BEACON RIDGE WAY
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: WILLIS, MICHAEL D
Address: 3910 LIBERTY HILL DR
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: SADECKY, SHIRLEY
Address: 3815 BEACON RIDGE WAY
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: VICEVICH, BARBARA E
Address: 1565 MISTY GLEN LN
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: PERRY, STEPHEN F
Address: 3655 LIBERTY HILLS DR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: OSWALD LAWRENCE HAYE

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date