

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001195

FILED
Apr 18, 2006
Secretary of State

Entity Name: DEARCROFT AT LEGENDS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3635284

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: GAZZIA, GILBERT
Address: 4276 FAWN MEADOWS CIR
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: MARTIN, DONALD
Address: 4252 FAWN MEADOWS CIR
City-St-Zip: CLERMONT, FL 34711

Title: STD () Delete
Name: VERES, LISA S
Address: 4235 FAWN MEADOWS CIR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MULLER, JOHNATHON
Address: 4309 FAWN MEADOWS CIR
City-St-Zip: CLERMONT, FL 34711

Title: PD (X) Change () Addition
Name: MARTIN, DONALD
Address: 4252 FAWN MEADOWS CIR
City-St-Zip: CLERMONT, FL 34711

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

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: DONALD MARTIN

PD

04/18/2006

Electronic Signature of Signing Officer or Director

Date