2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# N00000001195

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

Title: PD ( ) 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: PD (X) Change ( ) Addition
Name: CHRISTENSEN, BOB
Address: 4265 FAWN MEADOWS CIR
City-St-Zip: CLERMONT, FL 34711

Title: VPD (X) Change ( ) Addition
Name: BRINKMAN, ED
Address: 4259 FAWN MEADOWS CIR
City-St-Zip: CLERMONT, FL 34711

Title: STD (X) Change ( ) Addition
Name: KLAWINSKI, GEORGE
Address: 4256 FAWN MEADOWS CIR
City-St-Zip: CLERMONT, FL 34711

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: BOB CHRISTENSEN PD 04/11/2007

Electronic Signature of Signing Officer or Director — Date