

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001195

FILED  
Feb 29, 2008  
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:**

5445 CAPE HATTERAS DRIVE  
CLERMONT, FL 34714

**Current Mailing Address:**

2180 WEST STATE ROAD 434  
SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

P.O. BOX 135093  
CLERMONT, FL 34713

**FEI Number:** 59-3635284

**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:**

ABC MANAGEMENT OF CENTRAL FLORIDA INC.  
5445 CAPE HATTERAS DRIVE  
CLERMONT, FL 34714 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: CAROLINA ESTEVEZ

02/29/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: STD ( ) Delete  
Name: KLAWSKI, GEORGE  
Address: 4256 FAWN MEADOWS CIR  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S,T (X) Change ( ) Addition  
Name: KLAWSKI, GEORGE S,T  
Address: 4256 FAWN MEADOWS CIRCLE  
City-St-Zip: CLERMONT, FL 34711

Title: VP (X) Change ( ) Addition  
Name: VANDOREN, DENISE VP  
Address: 4272 FAWN MEADOWS CIR  
City-St-Zip: CLERMONT, FL 34711

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: ED BRINKMAN

P

02/29/2008

Electronic Signature of Signing Officer or Director

Date