

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001195

FILED
Apr 30, 2009
Secretary of State

Entity Name: DEARCROFT AT LEGENDS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

5445 CAPE HATTERAS DRIVE
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 135093
CLERMONT, FL 34713

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:

ABC MANAGEMENT OF CENTRAL FLORIDA INC.
5445 CAPE HATTERAS DRIVE
2180 WEST STATE ROAD 434, SUITE 5000
CLERMONT, FL 34714 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: P () Delete
Name: BRINKMAN, ED P
Address: 4259 FAWN MEADOWS CIRCLE
City-St-Zip: CLERMONT, FL 34711

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

Title: VP () Delete
Name: VANDOREN, DENISE VP
Address: 4272 FAWN MEADOWS CIR
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:

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: CAROLINA ESTEVES

RA

04/30/2009

Electronic Signature of Signing Officer or Director

Date