2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2001 8:00 am DOCUMENT # N00000001835 Secretary of State 1. Entity Name THE LEGACY CONDOMINIUM ASSOCIATION, INC. 02-15-2001 90048 015 ****70.00 Principal Place of Business Mailing Address 607 HWY. 98 E. 607 HWY. 98 E. DESTIN FL The Control of the Control DESTIN FI 2. Principal Place of Business Mailing Address 3680 E C-30 F 37.23 E. C.-30R Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State ROSA Bett., FI 5**9**-364954 SEAGROVE T Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -_6._Name and Address of Current Registered Agent REALTY SERVICES MATTHEWS, DANA C ESQ 607 HWY. 98 E. **DESTIN FL** City SEAGROVE Zip Code ろえ459 8. 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 A Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition P/D ☐ Change TITLE Delete TITLE JONES, C. WAYNE NAME NAME 1604, DEVON 184 12 OAKS LN. STREET ADDRESS STREET ADDRESS 31 BIRMINGHAM ST. CITY-ST-ZIP CITY-ST-ZIP FREEPORT FL 32439 SEAGROVE BEACH, FL. 22459 TITLE ☐ Detete TITLE VP/D ☐ Change Addition LAIRD, HARRY A III NAME NAME MEYERS, PATRICIA 66 RIVER WHIK PLACE 2188 BAY CIR. RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FREEPORT FL 32439 MEMPHIS, TN. 38103 🗀 Change 🕶 🕱 Addition-☐ Delete TITLE 3710 TITLE IGOU, DEVON HARTLEY, GEORGE NAME NAME STREET ADDRESS 51 BIRMINGHAM ST. STREET ADDRESS 5399 C-30A # 105 SEAGROVE BEACH FL 32459 CITY-ST-ZIP CITY-ST-ZIP SEAGRONE BEACH, FI. 3245 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: 7

STREET ADDRESS

CITY-ST-ZIP