

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90007 003 \*\*\*\*70.00

**DOCUMENT # N00000001835**

1. Entity Name  
**THE LEGACY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3723 E C-30A  
SEAGROVE BEACH, FL 32459**

Mailing Address  
**3723 E C-30A  
SEAGROVE BEACH, FL 32459**

**94039588**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3649542**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARRETT REALTY SERVICES, INC  
3723 EAST C-30A  
SEAGROVE BEACH, FL 32459**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME IGOU, DEVON ☐ Delete  
STREET ADDRESS 31 BIRMINGHAM STREET  
CITY-ST-ZIP SEAGROVE BEACH, FL 32459

TITLE VPD  
NAME MEYERS, PATRICIA ☒ Delete  
STREET ADDRESS 66 RIVER WALK PLACE  
CITY-ST-ZIP MEMPHIS, TN 38103

TITLE STD  
NAME WOODEN, STEVEN ☐ Delete  
STREET ADDRESS PO BOX 1638  
CITY-ST-ZIP KILGORE, TX 75663

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  
NAME TODD SHEPPARD ☐ Change ☒ Addition  
STREET ADDRESS 5810 GARBER DRIVE  
CITY-ST-ZIP ATLANTA, GA 30328

TITLE VPD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DEVON IGOU**

**02/06/04**

**850**

**231-15444209**

Date

Daytime Phone #