


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2005 8:00 am
Secretary of State

08-09-2005 90004 005 ****61.25

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
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2. Principal Place of Business <i>3880 E. Cty. Hwy 30A</i>	3. Mailing Address <i>3880 E. Cty. Hwy 30A</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Santa Rosa Beach, FL</i>	City & State <i>Santa Rosa Beach, FL</i>
Zip <i>32459</i>	Country <i>Walton</i>



08012005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent GARRETT REALTY SERVICES, INC 3723 EAST C-30A SEAGROVE BEACH, FL 32459	
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4. FEI Number 59-3649542	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name: <i>Seagrove On The Beach Realty, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3010 S. Cty. Hwy 30-A</i> City: <i>Santa Rosa Beach</i> FL Zip Code: <i>32459</i>	
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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 <i>Donna Crawford</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>8-5-05</i> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IGOU, DEVON 31 BIRMINGHAM STREET SEAGROVE BEACH, FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOODEIN, STEVEN PO BOX 1638 KILGORE, TX 75663 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHEPPARD, TODD 5810 GABER DR ATLANTA, GA 30328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Devon Igou</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Devon Igou - President</i>	Date <i>8/1/05</i>	Daytime Phone # <i>850-231-4205</i>