2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2007 8:00 am
Secretary of State
05-14-2007 90077 024 ****61.25

DOCUMENT # N00000001835

1. Entity Name

THE LEGACY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3880 E CTY HWY 30A SANTA ROSA BEACH FL 32459	3880 E CTY HWY 30A SANTA ROSA BEACH FL 32459

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3649542 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEAGROVE ON THE BEACH REALTY, INC
3010 S CTY HWY 30-A
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name Seagrove On The Beach Realty Inc.
Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 4604
5311 E. Cty Hwy 30A, Ste 4
City Santa Rosa Beach FL Zip Code 32459

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 Chana M Craig CAM 4/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHEPPARD, TODD 3880 E. CTY. HWY. 30-A, #302 SANTA ROSA BEACH FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SHEPPARD, TODD 5810 GARBER DR ATLANTA GA 30328	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHULTZ, LINDA 3245 PEACHTREE PKWY. #310 SUWANEE GA 30024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: President 4/25/07 850-585-7240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #