FILED May 01, 2008 8:00 am Secretary of State

| 2008 NO | T-FOR-PR(| DFIT CORP | ORATION |
|---------|-----------|-----------|---------|
| | ANNUAL | REPORT | |

| DOCUMENT # N0000001835 1. Entity Name THE LEGACY CONDOMINIUM ASSOCIATION, INC. | | | | | 05-01-2008 90204 041 ****61.25 | | | | |
|--|--|---|-----------|---|--------------------------------|------------------------|-------------------------|--|--|
| Principal Place of Business Mailing Address 3880 E CTY HWY 30A 3880 E CTY HWY 30A SANTA ROSA BEACH, FL 32459 SANTA ROSA BEACH, FL 32 | | L 32459 | 9 | • | • • | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01072008 | Chg-NP | CR2E037 (12/06 | 5) | | |
| City & Stat | e | City & State | | | 4. FEI Number 59-3649542 | | | | |
| Zip | Country | Zip | Cou | ntry | 5. Certificate of | of Status Desired | \$8.75 A | | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New R | Registered Agent | | |
| ***** | | | V | SS (P.O. Box Number is Not Acceptable) 10343 EC30A #107 | | | | | |
| P.O. BOX | 4644 DSA BEACH, FL 32459 | | ŀ | [WI3 CO30/1 " O | | | | | |
| SANIAN | JOH DEMON, FL 32409 | | | Et | ED. | | | | |
| | | | | ony Yan | nama Citza B | ጓ <i>የa</i> ch | FL Zip C | 32413 | |
| 8. The above the obligat | named entity submits his statement foliors of registered agent | r the purpose of changing its | registere | | | i, in the State of Flo | orida. I am familiar wi | th, and accept | |
| SIGNATURE . | Signature, typed or printed harfy of registered agent | Presi | <u> </u> | Agent signature re | quired when reinstating) | 4, | /1/08 DATE | | |
| • | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Can Trust Fund C | | ~ _ | \$5.00 May Be Added to Fees | | Make check payable | | |
| 10. | OFFICERS AND DII | RECTORS | 11. | | ADDITIONS/CHA | NGES TO OFFICE | ERS AND DIRECTORS | IN 10 | |
| TITLE | PD | ☐ Delete | TITLE | l l | | | Chang | ge 🔲 Addition | |
| name Street address | IGOU, DEVON 31 BIRMINGHAM STREET | | NAME | E Et address | | | | | |
| CITY-ST-ZIP | SEAGROVE BEACH, FL 32459 | | | -ST-ZIP | | | | | |
| TITLE | VP | Delete | TITLE | | President | | Chang | ne NAddition | |
| l | | NAME | X | Randy Hill | | ي المان | . LES MOGRADIA | | |
| STREET ADDRESS | 3880 E. CTY. HWY. 30-A, #302 | | STREE | ET ADDRESS | 525 News | port Trace | e _ | | |
| CITY-ST-ZIP | SANTA ROSA BEACH, FL 3245 | 9 | CITY- | -ST-ZIP | Alphavette | 1.134 30 | XXX | | |
| TITLE | STD | Delete | TITLE | (| secretary/ | Treasure | 」 □ Chang | ge 🖫 Addition | |
| name "Street address" | SHEPPARD, TODD 5810 GARBER DR | | - NAME | ET ADDRESS : . | marcie Stel | ricet | | <u> </u> | |
| CITY-ST-ZIP | ATLANTA, GA 30328 | , | | -ST-ZIP | 810 marsa | 116 AV | 10 327 | | |
| TITLE | STD | ™ Delete | TITLE | | Director | <u> </u> | ☐ Chang | e Addition | |
| NAME | SCHULTZ, LINDA | | NAME | | Tranie Gu | thrie a | | | |
| STREET ADDRESS CITY-ST-ZIP | 3245 PEACHTREE PKWY. #310 SUWANEE, GA 30024 | | | ET ADDRESS ST-ZIP | 301 Highla | nd Park C | ove SuiteD | | |
| TITLE | | ☐ Delete | TITLE | | Bidgetand | I , MS 3 9 | 9157 Chang | ne Addition | |
| NAME | | | NAME | 1 | Indicator) | isku - | , | | |
| STREET ADDRESS | | | | ET ADORESS / | 134 Dicker | rsoh Pos | ad . | | |
| CITY-ST-ZIP | | | - | -ST-ZIP | marietta | . GA 30 | 267 | | |
| TITLE NAME | | ☐ Oelete | TITLE | | | , - | ☐ Chang | ge | |
| STREET ADDRESS | | | STREE | ET ADDRESS | | | • | | |
| CITY-ST-ZIP | 1 | - Al-1- (17 Al-1 Al-1 17- (17- (17- (17- (17- (17- (17- | | -ST-ZIP | | 51 11 61 1 | | | |
| 12. I hereby certify that the info/nation supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the rijectiver 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. | | | | | | | | | |
| SIGNAT | TIPE: / I NOTA - ! |), | | | 4/11 | <mark>ስ</mark> ጸ | 850-595- | ·774D | |
| SIGNAI | SIGNATURE AND TYPED OR | INTED NAME OF SIGNING OFFICER | OR DIRECT | OR | 1110 | Date | Daytime Phone | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | |