

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001835

FILED
Apr 12, 2009
Secretary of State

Entity Name: THE LEGACY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3880 E CTY HWY 30A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

3880 E CTY HWY 30A
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3649542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON SANDS, LLC
10343 EC30A #107
PANAMA CITY BEACH, FL 32413 US

Name and Address of New Registered Agent:

WALTON SANDS, LLC
297 BIRMINGHAM STREET
SANTA ROSA BEACH, FL 32459 US

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: DEVON A. IGOU

04/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IGOU, DEVON
Address: 31 BIRMINGHAM STREET
City-St-Zip: SEAGROVE BEACH, FL 32459

Title: V () Delete
Name: HILL, RANDY
Address: 525 NEWPORT TRACE
City-St-Zip: ALPHARETTA, GA 30005

Title: ST () Delete
Name: STEWART, MARCIE
Address: 810 MARSEILLES DR
City-St-Zip: ATLANTA, GA 30327

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IGOU, DEVON
Address: 297 BIRMINGHAM STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: LASKY, ANDREW
Address: 134 DICKERSON ROAD
City-St-Zip: MARIETTA, GA 30067

Title: D () Change (X) Addition
Name: GUTHRIE, JEANNE
Address: 301 HIGHLAND PARK COVE, SUITE D
City-St-Zip: RIDGELAND, MS 39157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVON A. IGOU

PRES

04/12/2009

Electronic Signature of Signing Officer or Director

Date