2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

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Entity Name: CARRINGTON AT LEGENDS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

5445 CAPE HATTERAS DR
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

PO BOX 135093
CLERMONT, FL 347135093

New Mailing Address:

FEI Number: 59-3657844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABC MANAGEMENT OF CENTRAL FLORIDA, INC.
5445 CAPE HATTERAS DR
CLERMONT, FL 34714 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BOYLAN, PAUL
Address: 1642 ORANGETHORPE LN
City-St-Zip: CLERMONT, FL 34711

Title: VPD
Name: LAURIA, BOB
Address: 1632 ORANGETHORPE LN
City-St-Zip: CLERMONT, FL 34711

Title: STD
Name: GAGLIO, JOSEPH
Address: 1601 KENNESAW DR
City-St-Zip: CLERMONT, FL 34711

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH GAGLIO STD 03/14/2011

Electronic Signature of Signing Officer or Director — Date