

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003122

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**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: PAUL BOYLAN

PD

01/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date