2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005653

Entity Name: LEGACY TOWNHOME ASSOCIATION, INC.

FILED Sep 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3723 E. C. 30A 3880 E. CTY. HWY. 30A

SEAGROVE BEACH, FL 32459 US #507

SEAGROVE BEACH, FL 32459 US

Current Mailing Address: New Mailing Address:

3880 E C 30A 3880 E. CTY. HWY. 30A

#507 #507

SEAGROVE BEACH, FL 32459 US SEAGROVE BEACH, FL 32459 US

FEI Number: 01-0708212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GARRETT REALTY SERV., INC. SEAGROVE ON THE BEACH REALTY, INC.

3723 E. C 30A 3010 S. CTY. HWY. 395

SEAGROVE BEACH, FL 32459 US SEAGROVE 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: DONNA CRAWFORD 09/05/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: VPD (X) Change () Addition

 Name:
 O'NEAL, ALAN
 Name:
 O'NEAL, ALAN

 Address:
 P.O. BOX 688
 Address:
 P.O. BOX 688

 City-St-Zip:
 NICEVILLE, FL 32588
 City-St-Zip:
 NICEVILLE, FL 32588

Title: VPD () Delete Title: PD (X) Change () Addition

Name:BAILEY, SHIRLEY SName:BAILEY, SHIRLEY SAddress:11551 CLARA BARTON DR.Address:11551 CLARA BARTON DR.City-St-Zip:FAIRFAX STATION, VA 22039City-St-Zip:FAIRFAX STATION, VA 22039

Title: STD () Delete Title: () Change () Addition

 Name:
 WILLIAMS, JAMES M JR
 Name:

 Address:
 P.O. BOX 688
 Address:

 City-St-Zip:
 NICEVILLE, FL 32588
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHIRLEY S. BAILEY PD 09/05/2005