

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90023 005 ****61.25

DOCUMENT # N00000005653

1. Entity Name

LEGACY TOWNHOME ASSOCIATION, INC.



Principal Place of Business

3880 E. CTY. HWY. 30A
#507
SEAGROVE BEACH FL 32459
US

Mailing Address

3880 E. CTY. HWY. 30A
#507
SEAGROVE BEACH FL 32459
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

01-0708212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEAGROVE ON THE BEACH REALTY, INC.
3010 S. CTY. HWY. 395
SEAGROVE BEACH FL 32459

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME O'NEAL, ALAN
STREET ADDRESS P.O. BOX 688
CITY-ST-ZIP NICEVILLE FL 32588

TITLE PD ☐ Delete
NAME BAILEY, SHIRLEY S
STREET ADDRESS 11551 CLARA BARTON DR.
CITY-ST-ZIP FAIRFAX STATION VA 22039

TITLE STD ☒ Delete
NAME WILLIAMS, JAMES M JR
STREET ADDRESS P.O. BOX 688
CITY-ST-ZIP NICEVILLE FL 32588

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☐ Change ☒ Addition
NAME Rhonda Cincere
STREET ADDRESS 9633 Brunswick Drive
CITY-ST-ZIP Brentwood, TN 37027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 receiver 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.

SIGNATURE:

Shirley S Bailey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/06 850-231-4205

Date

Daytime Phone #