

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2007 8:00 am
Secretary of State

05-14-2007 90077 023 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 01-0708212				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEAGROVE ON THE BEACH REALTY, INC. 3010 S. CTY. HWY. 395 SEAGROVE BEACH FL 32459			7. Name and Address of New Registered Agent Name Seagrove On The Beach Realty Inc. Street Address (P.O. Box Number is Not Acceptable) 3311 E. City Hwy 30A, Suite 4 P.O. Box 4664 City Santa Rosa Beach FL Zip Code 32459		
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 <u><i>Uthana M. Uraig Cam</i></u> DATE <u><i>4/25/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD O'NEAL, ALAN P.O. BOX 688 NICEVILLE FL 32588	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BAILEY, SHIRLEY S 11551 CLARA BARTON DR. FAIRFAX STATION VA 22039	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD CINCERE, RHONDA 9633 BRIUNSWICK DRIVE BRENTWOOD TN 37027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Uthana M. Uraig Cam</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>4/25/07</i></u> 850-585-7240 <small>Daytime Phone #</small>		