2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2009
Secretary of State

DOCUMENT# N00000005653

Entity Name: LEGACY TOWNHOME ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

WALTON SANDS, LLC
PO BOX 4347
297 CAMPBELL ST
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

WALTON SANDS, LLC
297 CAMPBELL STREET
SANTA ROSA 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: DEVON IGOU-PRESIDENT 01/18/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BAILEY, SHIRLEY S
Address: 3930 VERSAILLES LN
City-St-Zip: TUSCALOOSA, AL 35406

Title: V ( ) Delete
Name: CINCERE, RHONDA
Address: 9633 BRUNSWICK DR
City-St-Zip: BRENTWOOD, TN 37027

Title: ST ( ) Delete
Name: IVY, HENRY
Address: 401 MONTEZUMA AVE
City-St-Zip: DOTHAN, AL 36303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BAILEY, SHIRLEY S
Address: 331 BOYD ROAD
City-St-Zip: VILLA RICA, GA 30180, GA 30180

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 BAILEY PRES 01/18/2009
Electronic Signature of Signing Officer or Director Date