

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006344

FILED
Mar 23, 2009
Secretary of State

Entity Name: BRIDGESTONE AT LEGENDS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3710218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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 () Delete
Name: HOLT, DAVID
Address: 1379 LEGENDARY BLVD
City-St-Zip: CLERMONT, FL 34711

Title: VPD () Delete
Name: MANDELL, GINGER
Address: 1390 LEGENDARY BLVD
City-St-Zip: CLERMONT, FL 34711

Title: STD (X) Delete
Name: WOLF, CRAIG
Address: 1498 LAKEMIST LN
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: KOSANDA, KEN
Address: 1540 SHERBROOK DR
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: LARIA, JAMES
Address: 1481 LAKEMIST LN
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TSD (X) Change () Addition
Name: KOSANDA, KEN
Address: 1540 SHERBROOK DR
City-St-Zip: CLERMONT, FL 34711

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: DAVID HOLT

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date