

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 02, 2009
Secretary of State

DOCUMENT# N00000006344

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:**1690 LEGENDARY BLVD
CLERMONT, FL 34711**Current Mailing Address:**2180 W. SR 434
SUITE 5000
LONGWOOD, FL 327795044**New Mailing Address:**1690 LEGENDARY BLVD
CLERMONT, FL 34711**FEI Number:** 59-3710218**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**FLORIDA COMMUNITY PROPERTY MANAGEMENT, LLC
1690 LEGENDARY BLVD
CLERMONT, FL 34711 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: SEAN M FOLEY

11/02/2009

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:** TSD () 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:** PRES (X) Change (X) Addition
Name: ~~BAKER, MERYL~~
Address: 1379 LEGENDARY BLVD
City-St-Zip: CLERMONT, FL 34711**Title:** DIR (X) Change () Addition
Name: BANAHAN, TIMOTHY
Address: 3981 DERBY GLEN
City-St-Zip: CLERMONT, FL 34711**Title:** SECR (X) Change () Addition
Name: HOLT, TERESE
Address: 1379 LEGENDARY BLVD
City-St-Zip: CLERMONT, FL 34711**Title:** DIR (X) Change () Addition
Name: LARIA, JAMES
Address: 1481 LAKEMIST LN
City-St-Zip: CLERMONT, FL 34711

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 H HOLT

TREA

11/02/2009

Electronic Signature of Signing Officer or Director

Date