2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N02000000190

Entity Name: THE LEGENDS AT WESTON HILLS COUNTRY CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASTLE GROUP
12270 SW 3RD STREET
PLANTATION, FL 33318 US

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FORT LAUDERDALE, FL 333559009 US

New Mailing Address:

FEI Number: 03-0380581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAKALAR & EICHNER
150 SOUTH PINE ISLAND ROAD
SUITE 540
PLANTATION, FL 33324 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: CANTOR, BERNIE
Address: 2865 KINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: SOKOLIK, KATHLEEN
Address: 2802 KINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: SROUR, SUZANNE
Address: 2747 KINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: RAPP, JULIE
Address: 2706 SINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33327

Title: TD ( ) Delete
Name: SALEDO, MAPPY
Address: 2858 KINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33327

Title: SD ( ) Delete
Name: ZDRAHAL, OLIVIA
Address: 2720 KINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CANTOR, BERNARD
Address: 2865 KINSINGTON CIRCLE
City-St-Zip: WESTON, FL 33327

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: ( ) 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: MINDA STRATTON MGR 01/07/2009

Electronic Signature of Signing Officer or Director — Date