

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004239

FILED
Feb 25, 2007
Secretary of State

Entity Name: LEGEND LAKES HOMEOWNERS ASSOCIATION OF VERO BEACH, INC.

Current Principal Place of Business:

530 ALEXANDRA AVE SW
VERO BEACH, FL 32968

New Principal Place of Business:

595 ALEXANDRA AVE SW
VERO BEACH, FL 32968

Current Mailing Address:

PO BOX 651208
VERO BEACH, FL 32965

New Mailing Address:

FEI Number: 04-3681299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORES, CHRISTOPHER N PRES
530 ALEXANDRA AVE SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

FAULKNER, CHARLES O VP
595 ALEXANDRA AVE SW
VERO BEACH, FL 32968 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: CHARLES O FAULKNER

02/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MORES, CHRISTOPHER N
Address: 530 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968

Title: VP () Delete
Name: FAULKNER, CHARLES
Address: 595 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968

Title: VP () Delete
Name: LEVY, MARK
Address: 585 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968

Title: SEC () Delete
Name: MITCHELL, VIRGINIA C
Address: 775 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968

Title: TRES () Delete
Name: DRYDEN, NANCY
Address: 590 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: VORNDRAN, JOHN
Address: 4705 JOSEPHINE MANOR SW
City-St-Zip: VERO BEACH, FL 32968

Title: VP (X) Change () Addition
Name: MITCHELL, VIRGINIA C
Address: 775 ALEXANDRA AVE SW
City-St-Zip: VERO BEACH, FL 32968

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES O FAULKNER

VP

02/25/2007

Electronic Signature of Signing Officer or Director

Date