

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008534

FILED
Mar 27, 2009
Secretary of State

Entity Name: LEGACY AT SHERWOOD FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

C/O ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 13-4252600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, JOHN R JR
DICKER, KRIVOK & STOLOFF, PA
1818 AUSTRALIAN AVE. #400
WEST PALM BEACH, FL 33409 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: DEROSA, THOMAS J
Address: 81 LEGACY CT
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD () Delete
Name: ASSERAF, ALAIN
Address: 4369 LEGACY CT.
City-St-Zip: DELRAY BEACH, FL 33445

Title: STD () Delete
Name: WELSING, MADELINE
Address: 63 LEGACY CT.
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DEROSA, THOMAS J P
Address: 81 LEGACY CT
City-St-Zip: DELRAY BEACH, FL 33445

Title: V (X) Change () Addition
Name: ASSERAF, ALAN V
Address: 4369 LEGACY CT.
City-St-Zip: DELRAY BEACH, FL 33445

Title: ST (X) Change () Addition
Name: WELSING, MADELINE ST
Address: 63 LEGACY CT.
City-St-Zip: DELRAY BEACH, FL 33445

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: JOHN MATH, APM

AGT

03/27/2009

Electronic Signature of Signing Officer or Director

Date