

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90019 017 \*\*\*\*70.00

<b>DOCUMENT # N03000004618</b>					
<b>1. Entity Name</b> LOVELAND LEGACY, INC.					
<b>Principal Place of Business</b> 157 S HAVANA RD VENICE, FL 34292			<b>Mailing Address</b> 157 S HAVANA RD VENICE, FL 34292		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 56-2414389	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HARKINS, MICHAEL 4242 SOUTH TAMiami TRAIL VENICE, FL 34293			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE <i>Michael Harkins</i>		(NOTE: Registered Agent signature required when re-registering)		DATE <i>2/31/06</i>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGUSI, TED 6835 PINDO BLVD SARASOTA, FL 34241		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALL, James P. 211 Nokomis Ave. So. Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PENXA, CARL J JR 157 S HAVANA RD VENICE, FL 34292		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberts, Gregory 341 West Venice Ave. Venice, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARKINS, MICHAEL J 4242 S TAMiami TR VENICE, FL 34293		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUNIHAN, DAVID 332 VENICE GOLF CLUB DR VENICE, FL 34293177		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD HOUGH, KAREN J 200 SO. NOKOMIS AVE VENICE, FL 34285		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNKIN, DAVID 170 DEARBORN WEST ENGLEWOOD, FL 34223		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, withal, other like empowered.</b>					
SIGNATURE: <i>Michael Harkins</i>		DATE <i>1/31/06</i> (941) 408-8557			