


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90060 021 ****70.00

DOCUMENT # N03000004618 1. Entity Name LOVELAND LEGACY, INC.					
Principal Place of Business 157 S HAVANA RD VENICE, FL 34292			Mailing Address 157 S HAVANA RD VENICE, FL 34292		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
			4. FEI Number 56-2414389		Applied For Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03242008 Chg-NP CR2E037 (12/06)
6. Name and Address of Current Registered Agent BALL, JAMES P 211 NOKOMIS AVE S VENICE, FL 34285			7. Name and Address of New Registered Agent Name <u>Aimee Holmes</u> Street Address (P.O. Box Number is Not Acceptable) <u>316 Winfield Way</u> City <u>Nokomis</u> <u>FL</u> Zip Code <u>34275</u>		
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. SIGNATURE <u>Aimee Holmes</u> DATE <u>3/26/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOGUSI, TED 6835 PINDO BLVD SARASOTA, FL 34241	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALL, JAMES 211 NOKOMIS AVE S VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Holmes, Aimee 316 Winfield Way Nokomis, FL 34275 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARKINS, MICHAEL J 4242 S TAMiami TR VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cooper, George 1236 Pinebrook Way Venice, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNIHAN, DAVID 332 VENICE GOLF CLUB DR VENICE, FL 342923177	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roberts, Gregory 341 West Venice Ave. Venice, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOUGH, KAREN J 200 SO. NOKOMIS AVE VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNKIN, DAVID 170 DEARBORN WEST ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stalnaker, Julie 1314 E. Venice Ave., Suite A Venice, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Aimee Holmes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/26/08</u> Daytime Phone # <u>941-350-5714</u>		