

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004618

FILED
Apr 13, 2009
Secretary of State

Entity Name: LOVELAND LEGACY, INC.

Current Principal Place of Business:

157 S HAVANA RD
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

157 S HAVANA RD
VENICE, FL 34292

New Mailing Address:

FEI Number: 56-2414389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLMES, AIMEE
316 WINFIELD WAY
NOKOMIS, FL 34275 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: C/D () Delete
Name: BOGUSI, TED
Address: 6835 PINDO BLVD
City-St-Zip: SARASOTA, FL 34241

Title: STD () Delete
Name: BALL, JAMES
Address: 211 NOKOMIS AVE S
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: HARKINS, MICHAEL J
Address: 4242 S TAMMIAMI TR
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: GREGORY, ROBERTS
Address: 341 WEST VENICE AVE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: HOUGH, KAREN J
Address: 200 SO. NOKOMIS AVE
City-St-Zip: VENICE, FL 34285

Title: D () Delete
Name: DUNKIN, DAVID
Address: 170 DEARBORN WEST
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BOGUSI, TED
Address: 6835 PINDO BLVD
City-St-Zip: SARASOTA, FL 34241

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: C/D (X) Change () Addition
Name: HOLMES, AIMEE
Address: 316 WINFIELD WAY
City-St-Zip: NOKOMIS, FL 34275

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: AIMEE HOLMES

C

04/13/2009

Electronic Signature of Signing Officer or Director

Date