

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90004 038 ****61.25

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1. Entity Name
LEGACY TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**927 NW 6TH ST
POMPANO BCH, FL 33060**

Mailing Address
**927 NW 6TH ST
POMPANO BCH, FL 33060**

2. Principal Place of Business

2713 NW 13th street
Suite, Apt. #, etc.

3. Mailing Address

4360 W. Oakland Park Blvd
Suite, Apt. #, etc.



07052006 Chg-NP CR2E037 (4/06)

City & State

Pompano Beach, FL

Zip
33069

Country

Broward

City & State

Lauderdale Lakes, FL

Zip
33313

Country

Broward

4. FEI Number
65-1045273

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLINGTON, CHARLES SR.
927 NW 6TH ST
POMPANO BCH, FL 33060**

7. Name and Address of New Registered Agent

Name **DONALD HANNIGAN**
Street Address (P.O. Box Number is Not Acceptable)
2765 NW 13th Street

City **Pompano Beach** FL Zip Code **33069**

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 **Donald Hannigan - President**

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/12/06

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ELLINGTON, CHARLES	
STREET ADDRESS	137 NW 15 ST	
CITY-ST-ZIP	POMPANO BCH, FL 330605434	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ELLINGTON, CHARLES M	
STREET ADDRESS	137 NW 15 ST	
CITY-ST-ZIP	POMPANO BCH, FL 330605434	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, DONNETTA	
STREET ADDRESS	701 NW 20TH ST.	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BROWN, DOROTHY D	
STREET ADDRESS	3005 LAMIRAGE DR.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD HANNIGAN	
STREET ADDRESS	2765 NW 13th Street	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ursula Wiggins	
STREET ADDRESS	2725 NW 13th Street	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manuela Bauer	
STREET ADDRESS	2733 NW 13th Street	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

[Handwritten Signature]

7/12/06