

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007742

FILED
Oct 19, 2007
Secretary of State

Entity Name: LEGACY TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2713 NW 13TH ST
POMPANO BEACH, FL 33069

New Principal Place of Business:

4801 S. UNIVERSITY DRIVE
SUITE 129
DAVIE, FL 33328

Current Mailing Address:

4360 WEST OAKLAND PK BLVD
LAUDERDALE LAKES, FL 33313

New Mailing Address:

4801 S. UNIVERSITY DRIVE
SUITE 129
DAVIE, FL 33328

FEI Number: 65-1045273 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HANNIGAN, DONALD
2765 NW 13TH ST
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

JONMAC & ASSOCIATES, INC.
4801 S. UNIVERSITY DRIVE
SUITE 129
DAVIE, FL 33328 US

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: VENORA MCPHERSON

10/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HANNIGAN, DONALD
Address: 2765 NW 13TH ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: S () Delete
Name: WIGGINS, URSULA
Address: 2725 NW 13TH ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: T () Delete
Name: BAUER, MANUELA
Address: 2733 NW 13TH ST
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRE (X) Change () Addition
Name: BAUER, MANUELA
Address: 2733 NW 13TH ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: S (X) Change () Addition
Name: EVANS, TAMARA X
Address: 2785 NW 13TH ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: T (X) Change () Addition
Name: DAVIS, DELFON L
Address: 2737 NW 13TH ST
City-St-Zip: POMPANO BEACH, FL 33069

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: MANUELA BAUER

PRES

10/19/2007

Electronic Signature of Signing Officer or Director

Date