

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000007742

**FILED**  
**Feb 17, 2009**  
**Secretary of State**

**Entity Name:** LEGACY TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4801 S. UNIVERSITY DRIVE  
SUITE 129  
DAVIE, FL 33328

**New Principal Place of Business:**

4801 S. UNIVERSITY DRIVE  
SUITE 239  
DAVIE, FL 33328

**Current Mailing Address:**

4801 S. UNIVERSITY DRIVE  
SUITE 129  
DAVIE, FL 33328

**New Mailing Address:**

4801 S. UNIVERSITY DRIVE  
SUITE 239  
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:**

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

**Name and Address of New Registered Agent:**

JONMAC & ASSOCIATES, INC.  
4801 S. UNIVERSITY DRIVE  
SUITE 239  
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

02/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

02/17/2009

Electronic Signature of Signing Officer or Director

Date