


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 10 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| DOCUMENT # N03000010597   |  |
| 1. Entity Name<br>LEGENDS AT THE GARDENS MASTER ASSOCIATION, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>3900 WOODLAKE BLVD<br>STE 309<br>LAKE WORTH, FL 33463 | Mailing Address<br>3900 WOODLAKE BLVD<br>STE 309<br>LAKE WORTH, FL 33463 |
|--|--|

|  |                    |
|--|--------------------|
| 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 |
|-----|---------|-----|---------|

07062007 Chg-NP CR2E037 (12/06)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>56-2448377 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>CENTEX HOMES<br>8198 JOG ROAD<br>SUITE 200<br>BOYNTON BEACH, FL 33437 | 7. Name and Address of New Registered Agent<br>Name <u>CENTER HOMES</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>3301 QUANTUM BLVD</u><br>City <u>BOYNTON BCH</u> FL Zip Code <u>33426</u> |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                       |  |   |
|-----------------------|--|---|
| Amended AR is \$61.25 | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>REYNOLDS, MICHAEL<br>3301 QUANTUM BLVD.<br>BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>200109594332<br>09/18/07--01065--028 **61.25   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BORKENHAGEN, KEVIN<br>3701 QUANTUM BLVD.<br>BOYNTON BEACH, FL 33426 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>HILDEBRANDT, STEVEN<br>3301 QUANTUM BLVD.<br>BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><u>STEVE ASHBY</u><br><u>3301 QUANTUM BLVD</u><br><u>BOYNTON BCH FL 33426</u> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input 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: Michael Reynolds  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #