


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90177 048 ****61.25

DOCUMENT # N03000010597		
1. Entity Name LEGENDS AT THE GARDENS MASTER ASSOCIATION, INC.		

Principal Place of Business 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463	Mailing Address 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463
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60033121



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

02112008 Chg-NP CR2E037 (12/06)

4. FEI Number 56-2448377	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CENTEX HOMES 3301 QUANTUM BLVD BOYNTON BEACH, FL 33426		7. Name and Address of New Registered Agent Name <u>Jay Stevens P4</u> Street Address (P.O. Box Number is Not Acceptable) <u>2500 N Military Trail Ste 283</u> City <u>Boca Raton</u> FL Zip Code <u>33431</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 Jay Stevens president DATE 4-15-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REYNOLDS, MICHAEL 3301 QUANTUM BLVD. BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suzanne E. Brown <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4971 Bonsai Cir #211 Palm Bch Gdns FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORKENHAGEN, KEVIN 3701 QUANTUM BLVD. BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy J. Wall <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 48908 Bonsai Circle, #110 Palm Beach Gardens FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASHBY, STEVE 3301 QUANTUM BLVD. BOYNTON BEACH, FL 33426 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nancy Cristella <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4941 Bonsai Circle Palm Beach Gardens, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:

Suzanne E. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #