

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000670

FILED
Apr 08, 2005
Secretary of State

Entity Name: LEGACY ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

4395 CORPORATE SQ
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

4395 CORPORATE SQ
NAPLES, FL 34104

New Mailing Address:

FEI Number: 20-2450450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LN STE 300
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BUDD, RUSSELL A
Address: 5981 SHANDY OAK LN
City-St-Zip: NAPLES, FL 34119

Title: DV () Delete
Name: HAAS, CRAIG
Address: 345 SWEET BAY LN
City-St-Zip: NAPLES, FL 34119

Title: DS () Delete
Name: GREENWELL, DICK
Address: P.O.BOX 9786
City-St-Zip: NAPLES, FL 34101

Title: DT () Delete
Name: FORD, GREG
Address: 2004 IMPERIAL GOLF BLVD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BUDD, RUSSELL A
Address: 5981 SHADY OAKS LN
City-St-Zip: NAPLES, FL 34119

Title: DV (X) Change () Addition
Name: HAAS, CRAIG
Address: 2981 4TH AVE NE
City-St-Zip: NAPLES, FL 34120

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 for the exemption stated in Section 119.07(3)(i), 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: RUSSELL A BUDD

P

04/08/2005

Electronic Signature of Signing Officer or Director

Date