

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000670

FILED
Apr 10, 2007
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 SHADY OAKS LN
City-St-Zip: NAPLES, FL 34119

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

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

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 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: RUSSELL BUDD

P

04/10/2007

Electronic Signature of Signing Officer or Director

Date