

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003724

FILED
Mar 06, 2009
Secretary of State

Entity Name: THE LEGENDS AT SAINT JOHNS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5455 A1A SOUTH
ST AUGUSTINE, FL 32080

New Principal Place of Business:

C/O MAY MANAGEMENT SERVICES, INC
475 W TOWN PLACE SUITE # 112
ST AUGUSTINE, FL 32092

Current Mailing Address:

5455 A1A SOUTH
ST AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 59-3756306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC.
ATTN: CYNTHIA O'NEAL
5455 A1A SOUTH
ST AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
ST AUGUSTINE, FL 32080 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: ANNA MARKS

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DOUGLAS, PHILLIPS
Address: 225 PRESIDENTS CUP WAY #203
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T () Delete
Name: BAKER, EDWARD
Address: 145 LEGENDARY DR #105
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: S () Delete
Name: DUPONT, FRANCIS
Address: 210 PRESIDENTS CUP WAY #208
City-St-Zip: ST AUGUSTINE, FL 32092

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DOUGLAS, PHILLIPS
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: BAKER, EDWARD
Address: 5455 A1A S
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: DUPONT, FRANCIS
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Change (X) Addition
Name: CAPO, MARY
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

Title: D () Change (X) Addition
Name: BUTLER, JUNE
Address: 5455 A1A S
City-St-Zip: ST AUGUSTINE, FL 32080

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: E WILLIAM BAKER

T

03/06/2009

Electronic Signature of Signing Officer or Director

Date