

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009341

FILED
Apr 10, 2009
Secretary of State

Entity Name: THE RETREAT AT LEGACY PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

107 NORTH LINE DRIVE
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

107 NORTH LINE DRIVE
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-2678920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 NORTH LINE DRIVE
APOPKA, FL 32703 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: PD () Delete
Name: LAGROW, MATTHEW
Address: 235 KETTERING RD
City-St-Zip: DAVENPORT, FL 33897 US

Title: VD () Delete
Name: LYONS, PAUL
Address: 22 MAYFIELD AVE., FORMSBY,
City-St-Zip: MERSEYSIDE, ENGLAND, UK L37 2FN UK

Title: STD () Delete
Name: LYONS, MIRANDA
Address: 22 MAYFIELD, FORMSBY
City-St-Zip: MERSEYSIDE, ENGLAND, UK L37 2FN US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: BURTON, STEVE
Address: CHARNWOOD BLACKMORE RD. STONDON
City-St-Zip: BRENTWOOD ESSEX, UK CM15 OHN UK

Title: PD (X) Change () Addition
Name: LYONS, PAUL
Address: 22 MAYFIELD AVE., FORMSBY,
City-St-Zip: MERSEYSIDE, ENGLAND, UK L37 2FN UK

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAUL LYONS

PD

04/10/2009

Electronic Signature of Signing Officer or Director

Date