## 2008 NOT-FOR-PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

**DOCUMENT # N04000011216** 

LEGACY TRAIL CONDOMINIUM ASSOCIATION, INC.

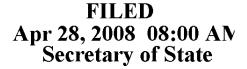


Principal Place of Business

Mailing Address

475 TOWN PLACE STE 120 ST AUGUSTINE, FL 32092

475 TOWN PLACE STE 120 ST AUGUSTINE, FL 32092





01252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number **NOT APPLICABLE** 

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

F&L CORP ONE INDEOENDENT DRIVE STE 1300 JACKSONVILLE, FL 32202



	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	d office or registered ager	nt, or both, in the State of	Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE, Registered	Agent signature required when reins	itating)	DATE
	Filling Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	sing \$5.00 Ma	y Be es	
10.	OFFICERS AND DIRECTORS		\$5.47 EV \$ 1.50 EV	性。""种"的情况	TO THE TOTAL OF THE STATE OF TH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROWLEY, T.J. 475 TOWN PLACE STE 120 ST AUGUSTINE, FL 32092		The second of th	052200	100930618 9-80107-006 61 25
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	<b>SPACE</b>
TITLE NAME STREET ADDRESS CITY-SI-ZIP					

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 pusted 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP