

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90140 049 \*\*\*\*61.25

**DOCUMENT # N04000011828**

1. Entity Name  
**LEGACY AT HERITAGE LANDING HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**9456 PHILLIPS HWY STE 1  
JACKSONVILLE, FL 32256**

Mailing Address  
**C/O MAY MANAGEMENT  
5455 A1A SO  
ST AUGUSTINE, FL 32080**

**50003352**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

**20-2326943**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOODWORTH, SUSAN S ESQ  
170 MALAGA STREET STE A  
ST AUGUSTINE, FL 32084**

Name

**MAY MANAGEMENT SERVICES**

Street Address (P.O. Box Number is Not Acceptable)

**5455 US HWY A1A SOUTH**

City

**ST. AUGUSTINE, FL**

Zip Code

**32080**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Cynthia O'Neil*

**CYNTHIA O'NEIL 2/28/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **JOHNS, KENNETH**  
STREET ADDRESS **9456 PHILLIPS HWY STE 1**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **KAKOSKE, JOHN**  
STREET ADDRESS **9456 PHILLIPS HWY STE 1**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DST** ☐ Delete  
NAME **DOAN, JAN**  
STREET ADDRESS **9456 PHILLIPS HWY STE 1**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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 trustee 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:

*Kenneth L. Johns Jr.*

**3-7-2006**

**904-268-2845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #