

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90120 003 \*\*\*\*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**

40113030



2. Principal Place of Business - No P.O. Box #  
**76 Laura St.**

3. Mailing Address  
**76 South Laura St.**

Suite, Apt. #, etc.  
**Suite 2110**

Suite, Apt. #, etc.  
**Suite 2110**

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

Zip  
**32202**

Country

Zip  
**32202**

Country

07162008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**20-2326943**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MAY MANAGEMENT SERVICES  
5455 US HWY A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

**7. Name and Address of New Registered Agent**

Name **Brennan Manna + Diamond, FL**  
Street Address (P.O. Box Number is Not Acceptable)  
**76 South Laura St.**  
**Suite 2110**  
City **Jacksonville** FL Zip Code **32202**

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 **WILLIAM H. HILTON, II, ESQ.** 8/8/2008  
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 September 12, 2008**

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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ZAKOSKE, JOHN 9456 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DEARING, MARK C 9456 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST RESTALL, SHELBY 9456 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KNOX, LINETTE 9456 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PORTER, ROBERT 9456 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Anthony Adkison 3164 Trout Creek Ct. St Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Sharon Kretschmar 3207 Trout Creek Ct. St Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Barbara Smith 3204 Trout Creek Ct. St Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Annette Hourihan 3159 Trout Cree K Ct. St Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ted Finch 3224 Trout Creek Ct. St Augustine, FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Ben Wtmeier 3144 Trout Creek Ct. St Augustine FL 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 617, 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: **7/15/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #