## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N04000011828**

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



**FILED** 

Aug 11, 2008 8:00 am Secretary of State

08-11-2008 90120 003 \*\*\*\*61.25

461120110

9456 PHILLIPS HWY STE 1 C/C JACKSONVILLE, FL 32256 54		Mailing Address C/O MAY MANAGEMENT 5455 A1A SO ST AUGUSTINE, FL 3208	C/O MAY MANAGEMENT		######################################					
		3. Maiting Address	7/7 (// /							
Seite, Apt. #Letc.		Suite, Apt, #, etc.	Suite, Apt, #, etc.		chg-NP CR2E037 (12/06)					
Arry & Stay	Esonville, R	Jackson	ackson ville, R		40	oplied For ot Applicable				
3320	Country'	33202	Country 1	5. Certificate of S	status Desired					
	6. Name and Address of Current F	legistered Agent		7. Name and Add	dress of New Registered Agent					
MAY MANAGEMENT SERVICES  5455 US HWY A1A SOUTH SAINT AUGUSTINE, FL 32080  Na Brennan Mana + Dramord + Research Properties (P.O. Box Number is Not Acceptable)  Street Agdress (P.O. Box Number is Not Acceptable)  Street Agdress (P.O. Box Number is Not Acceptable)										
			City T	ackson vil	00 FL Zip Coo	le NOD				
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 Signature. Typed or printed name of registered agent and late if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
			9. Election Campaign Financing  Trust Fund Contribution.							
D	Filing Fee is \$61.25 ue by September 12, 2008			\$5.00 May Be Added to Fees	Make check payable t Florida Department of S					
<b>D</b> :		Trust Fund Co	ntribution.	Added to Fees  ADDITIONS/CHANG		tate				
	ue by September 12, 2008	Trust Fund Co	ntribution.	Added to Fees  ADDITIONS/CHANG	Florida Department of S	tate				
10.	ue by September 12, 2008 OFFICERS AND DIR	Trust Fund Co	ntribution.	Added to Fees  ADDITIONS/CHANG	Florida Department of S  SES TO OFFICERS AND DIRECTORS IN  Change	tate				
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRI DP ZAKOSKE, JOHN 9456 PHILLIPS HWY STE 1	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANG	Florida Department of S  SES TO OFFICERS AND DIRECTORS IN  Kison  Change  Creek C+.	tate				
10. TITLE NAME	OFFICERS AND DIRI DP ZAKOSKE, JOHN 9456 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32256	Trust Fund Co	ntribution.  11.  TITLE  NAME	Added to Fees  ADDITIONS/CHANG	Florida Department of S	tate				
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRI DP ZAKOSKE, JOHN 9456 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32256 DV	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony Ad 3164 Trons St Angus	Florida Department of S  BES TO OFFICERS AND DIRECTORS IN  Change  Creek Ct.  True C 32092	tate				
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	OFFICERS AND DIRI DP ZAKOSKE, JOHN 9456 PHILLIPS HWY STE 1 JACKSONVILLE, FL 32256 DV DEARING, MARK C	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Anthony Al 3164 Trons St Augus	Florida Department of S  BES TO OFFICERS AND DIRECTORS IN  Kison  Change  Creek Ct.  This PC 32092  Cetsch Mac	tate N 10				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 46, Florida Statutes. 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.

SIG	N.	ΑT	U	R	Ε	٠
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/08

Daytime Phone #