

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011828

FILED  
Jul 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2220 COUNTY RD 210 W  
STE 108, 314  
ST JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

2220 COUNTY RD 210 W  
STE 108, 314  
ST JOHNS, FL 32259

**New Mailing Address:**

**FEI Number:** 20-2326943      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BRENNAN, MANNA & DIAMOND, FL  
76 SOUTH LAURA ST  
SUITE 2110  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

BRENNAN, MANNA & DIAMOND, FL  
800 WEST MONROE STREET  
JACKSONVILLE, FL 32202 US

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:

07/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ADKISON, ANTHONY  
Address: 3164 TROUT CREEK CT.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DV ( ) Delete  
Name: KRETSCHMAR, SHARON  
Address: 3207 TROUT CREEK CT  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DT ( ) Delete  
Name: SMITH, BARBARA  
Address: 3204 TROUT CREEK CT  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: DS ( ) Delete  
Name: HOURIHAN, ANNETTE  
Address: 3159 TROUT CREEK CT.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: FINCH, TED  
Address: 3224 TROUT CREEK CT  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D ( ) Delete  
Name: WITMEIER, BEN  
Address: 3144 TROUT CREEK CT.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: ANTHONY ADKISON

DP

07/06/2009

Electronic Signature of Signing Officer or Director

Date