

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011828

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

52 TUSCAN WAY  
SUITE 202, BOX 111  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

52 TUSCAN WAY  
SUITE 202, BOX 111  
ST AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 20-2326943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: DV  
Name: FINCH, TED  
Address: 3224 TROUT CREEK CT  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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

Title: DS  
Name: BRYANT, MIKE  
Address: 3216 TROUT CREEK CT.  
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: BARBARA SMITH

TREA

01/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date