2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000003794

TI FILED
Sep 30, 2009
Secretary of State

Entity Name: TOWNS OF LEGACY PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6972 LAKE GLORIA BLVD. ORLANDO, FL 32809 US

Current Mailing Address: New Mailing Address:

6972 LAKE GLORIA BLVD. ORLANDO, FL 32809 US

FEI Number: 20-4082962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LELAND MANAGEMENT, INC 6972 LAKE GLORIA BLVD. ORLANDO, FL 32809 US

OFFICERS AND DIRECTORS:

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

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

Name: HAWKS, CANDICE Name:

 Address:
 11315 CORPORATE BLVD. STE. 250
 Address:

 City-St-Zip:
 ORLANDO, FL 32817 US
 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: FRANKS, COLBY Name: CHAMBERS, ANDY

Address: 11315 CORPORATE BLVD. STE 250 Address: 11315 CORPORATE BLVD. STE 250

City-St-Zip: ORLANDO, FL 32817 US City-St-Zip: ORLANDO, FL 32817 US

Title: SDTD () Delete Title: SDTD (X) Change () Addition

Name: FEUERMAN, LISA Name: DEMOTT, DENNIS

Address: 11315 CORPORATE BLVD. STE 250 Address: 11315 CORPORATE BLVD. STE 250

City-St-Zip: ORLANDO, FL 32817 US City-St-Zip: ORLANDO, FL 32817 US

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: CANDICE HAWKS PD 09/30/2009