

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003794

FILED  
Apr 15, 2011  
Secretary of State

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

**Current Principal Place of Business:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

2870 SCHERER DR N  
SUITE 100  
ST.PETERSBURG, FL 33716 US

**Current Mailing Address:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809 US

**New Mailing Address:**

2870 SCHERER DR N  
SUITE 100  
ST.PETERSBURG, FL 33716 US

FEI Number: 20-4082962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PENNINGTON,MOORE,WILKINSON,BELL&DUNBAR PA  
2701 NORTH ROCKY POINT DRIVE  
SUITE 900  
TAMPA, FL 33607 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: D  
Name: JIMENEZ, ARIEL  
Address: 2870 SCHERER DR N, SUITE 100  
City-St-Zip: ST.PETERSBURG, FL 33716 US

Title: D  
Name: SMITH, CANDICE  
Address: 2870 SCHERER DR N, SUITE 100  
City-St-Zip: ST.PETERSBURG, FL 33716 US

Title: D  
Name: WEBB, JOHN L  
Address: 2870 SCHERER DR N, SUITE 100  
City-St-Zip: ST.PETERSBURG, FL 33716 US

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: MARTHA HOFFMAN

LCAM

04/15/2011

Electronic Signature of Signing Officer or Director

Date