

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005819

FILED
May 05, 2007
Secretary of State

Entity Name: LEGACY AT LAKE JESSAMINE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8009 SOUTH ORANGE AVENUE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

8009 SOUTH ORANGE AVENUE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 26-0119971 **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:

DANOS, DON
2600 MAITLAND CENTER PKWY
SUITE 200
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVENUE
ORLANDO, FL 32809 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: REBECCA FURLOW

05/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DANOS, DON
Address: 2600 MAITLAND CENTER PKWY - SUITE 200
City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete
Name: SMALL, PETER N
Address: 2600 MAITLAND CENTER PKWY - SUITE 200
City-St-Zip: MAITLAND, FL 32751

Title: STD () Delete
Name: GARGASZ, NICK
Address: 2600 MAITLAND CENTER PKWY - SUITE 200
City-St-Zip: MAITLAND, FL 32751

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:

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: DON DANOS

PD

05/05/2007

Electronic Signature of Signing Officer or Director

Date