2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005819

FILED Apr 27, 2009 Secretary of State

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

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

5955 T.G. LEE BLVD SUITE 300 ORLANDO, FL 32822 6972 LAKE GLORIA BLVD ORLANDO, FL 32809

Current Mailing Address: New Mailing Address:

5955 T.G. LEE BLVD SUITE 300 ORLANDO, FL 32822 6972 LAKE GLORIA BLVD ORLANDO, FL 32809

FEI Number: 26-0119971 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 5955 T.G. LEE BLVD SUITE 300 ORLANDO, FL 32822 US LELAND MANAGEMENT 6972 LAKE GLORIA BLVD 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: 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete

Name: GARGASZ, NICK

Address: 2600 MAITLAND CENTER PKWY - SUITE 200

City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete Name: SMALL, PETER N

Name. SWALL, PETER N

Address: 2600 MAITLAND CENTER PKWY - SUITE 200

City-St-Zip: MAITLAND, FL 32751

Title: STD () Delete Name: RABATIN, ROBERTA

Address: 2600 MAITLAND CENTER PKWY - SUITE 200

City-St-Zip: MAITLAND, FL 32751

Title: PD (X) Change () Addition

Name: WATTERS, MARCUS

Address: 2600 MAITLAND CENTER PKWY - SUITE 200

City-St-Zip: MAITLAND, FL 32751

Title: VD (X) Change () Addition

Name: SUCHORA, ED

Address: 2600 MAITLAND CENTER PKWY - SUITE 200

City-St-Zip: MAITLAND, FL 32751

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: MARCUS WATTERS PD 04/27/2009