

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006552

FILED
Mar 19, 2009
Secretary of State

Entity Name: LEGACY PARK PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2506 S. MACDILL AVE.
SUITE A
TAMPA, FL 33629

New Principal Place of Business:

2002 N LOIS AVE
SUITE 507
TAMPA, FL 33607

Current Mailing Address:

2506 S. MACDILL AVE.
SUITE A
TAMPA, FL 33629

New Mailing Address:

2002 N LOIS AVE
SUITE 507
TAMPA, FL 33607

FEI Number: 20-5109281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYTS, ANDREW J JR.
201 N. ARMENIA AVE.
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

COMMUNITY ASSOCIATION MANAGEMENT SVCS
2002 N LOIS AVE
SUITE 507
TAMPA, FL 33607 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: BRIAN K. LAMB

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANDERS, JAMES F
Address: 2506 S. MACDILL AVE., SUITE A
City-St-Zip: TAMPA, FL 33629

Title: VD () Delete
Name: HUDSON, ALAN
Address: 2506 S. MACDILL AVE., SUITE A
City-St-Zip: TAMPA, FL 33629

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LANDERS, JAMES F
Address: 5514 LIBERTY PLAIN CIRCLE
City-St-Zip: TAMPA, FL 33611

Title: VP (X) Change () Addition
Name: RAPPAPORT, JASON
Address: 5514 LIBERTY PLAIN CIRCLE
City-St-Zip: TAMPA, FL 33611

Title: S () Change (X) Addition
Name: BYRNE, MELISSA
Address: 5514 LIBERTY PLAIN CIRCLE
City-St-Zip: TAMPA, FL 33611

Title: D () Change (X) Addition
Name: HUDSON, ALAN
Address: 5514 LIBERTY PLAIN CIRCLE
City-St-Zip: TAMPA, FL 33611

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: BRIAN K. LAMB

CEO

03/19/2009

Electronic Signature of Signing Officer or Director

Date