

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008920

FILED
Mar 20, 2009
Secretary of State

Entity Name: LEGACY VILLAGE OFFICE PARK CONDOMINIUM OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3240 W. LAKE MARY BLVD.
STE. 1300
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

PO BOX 950031
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 20-4212351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMA, PAUL TREASUR
3240 W. LAKE MARY BLVD.
STE. 1300
LAKE MARY, FL 32746 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: PRES (X) Delete
Name: BOHYN, CHRISTIAN PRES
Address: 881 SPRING PARK LOOP
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP () Delete
Name: GOERGEN, JOHN VP
Address: 1030 HANGING VINE POINT
City-St-Zip: LONGWOOD, FL 32750

Title: SECR () Delete
Name: PICTRUSZKA, CHRISTIE SECRETA
Address: 10073 SILVER LAUREL WAY
City-St-Zip: ORLANDO, FL 32828

Title: TRES () Delete
Name: TOMA, PAUL TREASUR
Address: 3240 W. LAKE MARY BLVD., STE. 1300
City-St-Zip: LAKE MARY, FL 32746

Title: MEMB () Delete
Name: BURNEY, TRACEY MEMBER
Address: 3300 W. LAKE MARY BLVD., STE. 210
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: GOERGEN, JOHN PRES
Address: 1030 HANGING VINE POINT
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BURNEY, TRACEY VP
Address: 3300 W. LAKE MARY BLVD., STE. 210
City-St-Zip: LAKE MARY, FL 32746

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: PAUL TOMA

TRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date