

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000008920

**FILED**  
**Feb 16, 2011**  
**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  
**Name:** GOERGEN, JOHN PRES  
**Address:** 1030 HANGING VINE POINT  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** SECR  
**Name:** SAURIN, PATEL SECRETA  
**Address:** 3216 W. LAKE MARY BLVD.  
**City-St-Zip:** LAKE MARY, FL 32746

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

**Title:** VP  
**Name:** MARTY, RODGER VP  
**Address:** 127 OAK GROVE CIRCLE  
**City-St-Zip:** LAKE MARY, FL 32746

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:** PAUL TOMA

TRES

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date