

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010350

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** RESIDENCES AT LEGACY PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

11000 LEGACY PLACE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

2328 S CONGRESS AVE  
SUITE 1-C  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 20-4135630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HILLEY WYANT-CORTEZ PA  
860 US HIGHWAY ONE  
SUITE 108  
NORTH PALM BEACH, FL 33408 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: PD ( ) Delete  
Name: CHILD, KAREN  
Address: 11000 LEGACY PLACE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD ( ) Delete  
Name: MARKOVITZ, IZZY  
Address: 11000 LEGACY PLACE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: STD ( ) Delete  
Name: DOMINGUEZ, LUIS  
Address: 6915 3RD ST  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: AVITAL, ITAY  
Address: 11000 LEGACY PLACE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD (X) Change ( ) Addition  
Name: EARLEY, PATTI  
Address: 11000 LEGACY PLACE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: STD (X) Change ( ) Addition  
Name: GINSBERG, IRA  
Address: 11000 LEGACY PLACE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: ITAY AVITAL

PD

04/29/2009

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

\_\_\_\_\_  
Date