

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 24, 2009
Secretary of State

DOCUMENT# N05000010350

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:**EISINGER, BROWN, LEWIS & FRANKEL
4000 HOLLYWOOD BLVD
#S265-S
HOLLYWOOD, FL 33021 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: EISINGER

07/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: AVITAL ITAY

PD

07/24/2009

Electronic Signature of Signing Officer or Director

Date