

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011171

FILED
May 01, 2007
Secretary of State

Entity Name: LEGACY PARK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

385 DOUGLAS AVENUE
SUITE 2000
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

8009 S ORANGE AVE
ORLANDO, FL 32809

Current Mailing Address:

385 DOUGLAS AVENUE
SUITE 2000
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

8009 S ORANGE AVE
ORLANDO, FL 32809

FEI Number: 02-0757950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KNIGHT, PATRICK J
385 DOUGLAS AVENUE
SUITE 2000
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809 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: REBECCA FURLOW

05/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: SHEELER, LAWRENCE M
Address: 385 DOUGLAS AVENUE #2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DP () Delete
Name: BONTRAGER, TOM
Address: 385 DOUGLAS AVENUE #2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DST () Delete
Name: RIGGS, DEBBIE
Address: 385 DOUGLAS AVENUE #2000
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: SHEELER, LAWRENCE M
Address: 2301 LUCIEN WAY, SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: DP (X) Change () Addition
Name: BONTRAGER, THOMAS K
Address: 2301 LUCIEN WAY, SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: DST (X) Change () Addition
Name: CHOMA, DEBRA
Address: 2301 LUCIEN WAY, SUITE 400
City-St-Zip: MAITLAND, FL 32751

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: THOMAS K BONTRAGER

PD

05/01/2007

Electronic Signature of Signing Officer or Director

Date