

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 03, 2008
Secretary of State

DOCUMENT# N05000011171

Entity Name: LEGACY PARK COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822**New Principal Place of Business:**27499 RIVERVIEW CENTER BLVD
238
BONITA SPRINGS, FL 34134**Current Mailing Address:**5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822**New Mailing Address:**27499 RIVERVIEW CENTER BLVD
238
BONITA SPRINGS, FL 34134**FEI Number:** 02-0757950**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LELAND MANAGEMENT
5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 US**Name and Address of New Registered Agent:**OMNI MANAGEMENT SERVICES
27499 RIVERVIEW CENTER BLVD
238
BONITA SPRINGS, FL 34134 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: TIM LOEHR

11/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: DVP () Delete
Name: MAKRANSKY, JAMES
Address: 2301 LUCIEN WAY, SUITE 400
City-St-Zip: MAITLAND, FL 32751

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAVID BROWN

DP

11/03/2008

Electronic Signature of Signing Officer or Director

Date