

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011171

FILED
Apr 29, 2010
Secretary of State

Entity Name: LEGACY PARK COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

27499 RIVERVIEW CENTER BLVD
238
BONITA SPRINGS, FL 34134

New Principal Place of Business:

8695 COLLEGE PARKWAY
1274
FT. MYERS, FL 33919

Current Mailing Address:

27499 RIVERVIEW CENTER BLVD
238
BONITA SPRINGS, FL 34134

New Mailing Address:

8695 COLLEGE PARKWAY
1274
FT. MYERS, FL 33919

FEI Number: 02-0757950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OMNI MANAGEMENT SERVICES
27499 RIVERVIEW CENTER BLVD
238
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

OMNI MANAGEMENT SERVICES
8695 COLLEGE PARKWAY
1274
FT. MYERS, FL 33919 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

04/29/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: CHOMA, DEBRA
Address: 2301 LUCIEN WAY, SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: DVP
Name: MAPILI, BERNIE
Address: 2301 LUCIEN WAY, SUITE 400
City-St-Zip: MAITLAND, FL 32751

Title: DST
Name: SMITH, ADAM
Address: 2301 LUCIEN WAY, SUITE 400
City-St-Zip: MAITLAND, FL 32751

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: DEBRA CHOMA

DP

04/29/2010

Electronic Signature of Signing Officer or Director

Date