

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000011182

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: LEGACY PARK MASTER ASSOCIATION, INC.

## Current Principal Place of Business:

385 DOUGLAS AVENUE  
SUITE 2000  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

2301 LUCIEN WAY  
SUITE 400  
MAITLAND, FL 32751

## Current Mailing Address:

385 DOUGLAS AVENUE  
SUITE 2000  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

2301 LUCIEN WAY  
SUITE 400  
MAITLAND, FL 32751

FEI Number: FEI Number Applied For (X) 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:

KNIGHT, PATRICK J  
2301 LUCIEN WAY  
SUITE 400  
MAITLAND, FL 32751 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: PATRICK J. KNIGHT

04/20/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

Title: VD ( ) Delete  
Name: ABT, EDWARD  
Address: 530 DOG TRACK ROAD  
City-St-Zip: LONGWOOD, FL 32750

Title: STD ( ) Delete  
Name: LUNDEQUAM, BRETT  
Address: 385 DOUGLAS AVENUE #2000  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: D ( ) Delete  
Name: WRIGHT, TIMOTHY  
Address: 530 DOG TRACK ROAD  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: AMANING, OWUSU  
Address: 530 DOG TRACK ROAD  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition  
Name: LUNDEQUAM, BRETT  
Address: 2301 LUCIEN WAY #400  
City-St-Zip: MAITLAND, FL 32751

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

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 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: LAWRENCE M. SHEELER

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date