2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# N05000011182

Entity Name: LEGACY PARK MASTER ASSOCIATION, INC.

Current Principal Place of Business:

8695 COLLEGE PARKWAY
1274
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8695 COLLEGE PARKWAY
1274
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 02-0757944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: MEYERS, MARK
Address: 450 SOUTH ORANGE AVE, STE 1400
City-St-Zip: ORLANDO, FL 32801

Title: VP
Name: JINKS, TARA
Address: 2301 LUCIEN WAY, STE 400
City-St-Zip: MAITLAND, FL 32751

Title: S
Name: TRESSLER, RICK
Address: 2025 SR 436
City-St-Zip: WINTER PARK, FL 32792

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

Title: D
Name: EVANS, MARK
Address: 2301 LUCIEN WAY, STE 400
City-St-Zip: MAITLAND, FL 32751

Title: D
Name: PUGH, DAN
Address: 2025 SR 436
City-St-Zip: WINTER PARK, FL 32792

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: MARK MEYERS P 04/27/2012

Electronic Signature of Signing Officer or Director — Date