2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010447

Apr 30, 2008 Secretary of State

Entity Name: LEGENDS CONDOMINIUMS AT FOREST LAKES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1074 NORTH ORANGE AVENUE 1074 NORTH ORANGE AVENUE SARASOTA, FL 34231

SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

1074 NORTH ORANGE AVENUE 1074 NORTH ORANGE AVENUE

SARASOTA, FL 34231 SARASOTA, FL 34236

FEI Number: 90-0340697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOELS, EMMA J 1074 NORTH ORANGE AVENUE

JOELS, EMMA J 1074 NORTH ORANGE AVENUE SARASOTA, FL 34231 SARASOTA, FL 34236

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: 04/30/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

SARASOTA, FL 34231

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MILLER, MARK MILLER, MARK Name: Name:

1074 NORTH ORANGE AVENUE Address: 1074 NORTH ORANGE AVENUE Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34236

Title: () Delete Title: (X) Change () Addition

Name: BRATZKE, CHAD Name: BRATZKE, CHAD

Address: 1074 NORTH ORANGE AVENUE Address: 1074 NORTH ORANGE AVENUE City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34236

Title: (X) Delete Title: () Change () Addition

ALVAREZ, GILBERT Name: Name: 1074 NORTH ORANGE AVENUE Address: Address:

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.

City-St-Zip:

SIGNATURE: MARK MILLER D 04/30/2008