


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90042 049 \*\*\*\*61.25

<b>DOCUMENT # N06214</b> 1. Entity Name <b>THE LEGACY GOLF AND TENNIS CLUB, INC.</b>	
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Principal Place of Business <b>9000 CLUBHOUSE DR. PORT ST. LUCIE, FL 34986</b>	Mailing Address <b>9000 CLUBHOUSE DR. PORT ST. LUCIE, FL 34986</b>
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**DO NOT WRITE IN THIS SPACE**



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2646511</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**BRODIE, LAWRENCE  
525 CAMDEN AVENUE  
STUART, FL 34994**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENSHAW, G. TYLER 43 WANGONK TRAIL EAST HAMPTON, CT 06424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SALVIO, LISA B 55 HICKORY HILL LANE NEWINGTON, CT 06111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CROSS, THOMAS E 18-C HARRISON STREET KEENE, NH 03431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas E Cross* **2/18/07** **772-466-7888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone