

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 FEB -5 PH 5:16

SECRETARY OF STATE
TALLAHASSEE, FL

2/12/21

400388888014
02/03/21--01015--017 --542.30

CR2E081 (11/10)

DOCUMENT # N15000010919

1. Corporation Name

LEGACY ESTATES HOMEOWNER'S ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #
101 Terrace Drive

3. Mailing Office Address
101 Terrace Drive

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

Lake Geneva WI

City & State

Lake Geneva WI

Zip
53147

Country
US

Zip
53147

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/2015

5. FEI Number

86-1383351

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Thornton Law Firm, PLLC

Street Address (P.O. Box Number is Not Acceptable)
7400 Trail Boulevard

Suite, Apt #, Etc
Suite 121

City
Naples

State
FL

Zip Code
34108

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Chris T. Thornton
REGISTERED AGENT MUST SIGN *Manager*

Date

2/2/2021

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	James G Drescher	101 Terrace Drive	Lake Geneva WI 53147
VP	Tim Neugent	3830 SW 30th St	Des Moines, IA 53021
T	Ardith Drescher	101 Terrace Drive	Lake Geneva WI 53147

10. E-mail Address: cthornton@swflalaw.com

(To be used for future annual report notification)

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

James G Drescher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/21

Date

262-745-6018

Daytime Phone #