

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21672

FILED
Apr 28, 2009
Secretary of State

Entity Name: SEMINOLE LEGENDS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

KRM MANAGEMENT
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

KRM MANAGEMENT
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2897335 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ISAACS, DAN L
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: DP () Delete
Name: GLICKMAN, JOAN
Address: 253 HAYDEN ROAD UNIT 146
City-St-Zip: TALLAHASSEE, FL 32304

Title: DS () Delete
Name: CRESCENTINI, BOB
Address: 16107 EAST BURREL DRIVE
City-St-Zip: LUTZ, FL 33549

Title: DT () Delete
Name: RIETHER, TOM
Address: 95 HOPEWELL DRIVE
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: CRUZ, CARLOS
Address: 1650 CALMING WATER DRIVE
City-St-Zip: ORANGE PARK, FL 32003

Title: D (X) Delete
Name: ASZTALOS, BOB
Address: 713 EAST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, TERRY
Address: CMR 410 BOX 503
City-St-Zip: APO, AE 09049

Title: DVP (X) Change () Addition
Name: CRESCENTINI, BOB
Address: 16107 EAST BURREL DRIVE
City-St-Zip: LUTZ, FL 33549

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

Title: DS (X) Change () Addition
Name: HUEY, JOEL
Address: 1519 DRUID ROAD
City-St-Zip: MAITLAND, FL 32751

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

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.

SIGNATURE: BOB CRESCENTINI

DVP

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date