PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 OCT -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FL

300347828853
10/07/21--01003--010 **2205.00

DOCUMENT # N26633

1. Corporation Name
Legend Lakes Owners Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4000 Marriott Drive	P.O. Box 27089
Suite, Apt. #, etc.: C	Suite, Apt. #, etc.:
City & State: Panama City, FL	City & State: Panama City, FL
Zip: 32411 Country: USA	Zip: 32411 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: May 26, 1988

5. FEI Number: ☑ 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: Hand Arendall Harrison Sale LLC

Street Address (P.O. Box Number is Not Acceptable): 35008 Emerald Coast Parkway

Suite, Apt. #, Etc: Fifth Floor

City: Destin State: FL Zip Code: 32541

REINSTATEMENT
1989 - 2021

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: Hand Arendall Harrison Sale LLC By: John P. Townsend John P. Townsend Date: 9/27/2021
REGISTERED AGENT MUST SIGN

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
D/P	Phillip W. Creel	143 Legend Lakes Drive	Panama City Beach, FL 32408
D/S	Eileen Shaw	149 Legend Lakes Drive	Panama City Beach, FL 32408
D/T	Brenda Hatfield	145 Legend Lakes Drive	Panama City Beach, FL 32408

10. **E-mail Address:** jtownsend@handfirm.com
(To be used for future annual report notification)

11. 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: Phillip W. Creel Phillip W. Creel 9/28/21 850-541-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OCT - 7 2021