2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004178

FILED Mar 03, 2009 Secretary of State

Entity Name: LEGEND PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4316 LEGEND PL. DR US PANAMA CITY, FL 32408 **Current Mailing Address: New Mailing Address:** P.O. BOX 27395 PANAMA CITY, FL 324117395 US FEI Number: 59-3345129 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: BRUCE, JENSEN W BRUCE, JENSEN W 4317 LEGEND PL DR 4317 LEGEND PL DR PANAMA CITY, FL 32411 P.O. BOX 27701 US PANAMA CITY, FL 32411 US 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: BRUCE JENSEN 03/03/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete JENSEN, W. BRUCE JENSEN, W. BRUCE Name: Name: 4317 LEGEND PL DR Address: 4317 LEGEND PLACE DR Address: City-St-Zip: PANAMA CITY, FL 32408 City-St-Zip: PANAMA CITY, FL 32408 Title: STD () Delete Title: VD (X) Change () Addition GREGG, HERMAN Name: ROSS, CHYSPA Name: Address: 4321 LEGEND PLACE DR Address: 4324 LEGEND PLACE DR City-St-Zip: PANAMA CITY, FL 32408 City-St-Zip: PANAMA CITY, FL 32408 Title: () Delete Title: SD (X) Change () Addition TIPPINS, ROBERT MCMARTIN, MAXINE Name: Name: 4316 LEGEND PLACE DRIVE Address: 4323 LEGEND PL DRIVE Address: City-St-Zip: PANAMA CITY, FL 32408 City-St-Zip: PANAMA CITY, FL 32408 () Change (X) Addition Title: () Delete Title: TD Name: Name: HAHN, NANCY 4320 LEGEND PLACE DRIVE Address: Address: City-St-Zip: City-St-Zip: PANAMA CITY, FL 32408 Title: () Delete Title: () Change (X) Addition PROKOPCHUK, NELDA Name: Name: 4325 LEGEND PLACE DRIVE Address: Address: City-St-Zip: City-St-Zip: PANAMA CITY, FL 32408

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: BRUCE JENSEN PD 03/03/2009