

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000005744

1. Entity Name
LEGACY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**C/O PRIME MANAGEMENT
6595 SMITH FARM BOULEVARD
LAKE WORTH, FL 33467**

Mailing Address

**C/O PRIME MANAGEMENT
6595 SMITH FARM BOULEVARD
LAKE WORTH, FL 33467**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0843316

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SACHS & SAXS
301 YAMATO RD STE 4150
% LOUIS CAPLAN
BOCA RATON, FL 33431**

**DO NOT WRITE
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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GABLEMAN, CHUCK 6383 STONEHURST CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES BURKE, BEN 6431 STONEHURST CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KRONHAUS, BARRY 6389 STONEHURST CIRCLE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/25/08-80002-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/08

5616416300