

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006280

FILED
Apr 24, 2007
Secretary of State

Entity Name: THE LEGENDS OF SANTA ROSA BEACH TOWNHOMES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5311 E COUNTY HWY 30-A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

5311 E COUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 34-1888876 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PRITCHETT, WALTER R
5311 E COOUNTY HWY 30-A
STE 5
SANTA ROSA BEACH, FL 32459 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: VD () Delete
Name: BRADY, LARRY
Address: 220 WINDRIFT COURT
City-St-Zip: ROSWELL, GA 30076

Title: DS () Delete
Name: POLAKOFF, KIM
Address: 340 SUMMERSET LANE
City-St-Zip: ATLANTA, GA 30328

Title: PD () Delete
Name: POLAKOFF, KEEN
Address: 340 SUMMERSET LANE
City-St-Zip: ATLANTA, GA 30328

Title: TD () Delete
Name: BRUNNER, DONNA M
Address: 97 OAK RIDGE
City-St-Zip: MAHOPAC, NY 10541

Title: D () Delete
Name: DONOVAN, MICHAEL
Address: 2805 YORKVIEW CT
City-St-Zip: CHARLOTTE, NC 28270

Title: D () Delete
Name: BRUNNER, CHRIS
Address: 97 OAK RIDGE CIRCLE
City-St-Zip: MAHOPAC, NY 10541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: DOUGHERTY, GREG
Address: 324 LAZY BRANCH DR.
City-St-Zip: ST. PETERS, MO 63376

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: WALTER R PRITCHETT

MGR

04/24/2007

Electronic Signature of Signing Officer or Director

Date