

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006280

FILED
Mar 16, 2009
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
STE 5
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

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:

DUNLAP, TOOLE, SHIPMAN & WHITNEY, PA
1414 CO HWY 283 SOUTH
SUITE B
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SHIPMAN, GARY A
1414 CO HWY 283 SOUTH
SUITE B
SANTA ROSA BEACH, FL 32459 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: GARY A. SHIPMAN

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BYERS, JENNIFER
Address: 504 N GRANDW VIEW TRAIL
City-St-Zip: MAYLENE, AL 35114

Title: PD () Delete
Name: POLAKOFF, KEEN
Address: 19 BRENTWOOD LANE #7
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

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: () 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: GARY A. SHIPMAN

RA

03/16/2009

Electronic Signature of Signing Officer or Director

Date