


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90077 042 ****61.25

DOCUMENT # N98000001881	
1. Entity Name LEGACY CHASE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business LEGACY CHASE HOMEOWNERS ASSOCIATION P.O. BOX 540639 LAKE WORTH, FL 33458-0639 US	Mailing Address LEGACY CHASE HOMEOWNERS ASSOC. P.O. BOX 540639 LAKE WORTH, FL 33454-0639 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40029700



03012006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0947046	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERLMAN, MARK P.A. 1820 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

QR Blt

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-8-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input checked="" type="checkbox"/> Delete	TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, WILMER L DR.	NAME	Clouse, Devon Mr.
STREET ADDRESS	6597 MARBLETREE LANE	STREET ADDRESS	6352 Sycamorewood Way
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	DV <input type="checkbox"/> Delete	TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLITS, DONALD MR	NAME	Blits, Donald Mr.
STREET ADDRESS	6494 MARBLETREE LANE	STREET ADDRESS	6494 Marbletree Lane
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNOR, DANIEL MR	NAME	Bozencio, Nick Mr.
STREET ADDRESS	6596 MARBLETREE LANE	STREET ADDRESS	6447 Marbletree Lane
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D <input type="checkbox"/> Delete	TITLE	OS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODUM, LORENZO MR	NAME	Jewman, Jill Mr
STREET ADDRESS	6608 MARBLETREE LANE	STREET ADDRESS	6603 Marbletree Lane
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ANDREW MR	NAME	
STREET ADDRESS	7397 WTER DANCE WAY	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33457	CITY-ST-ZIP	
TITLE	OS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, MARI P MS	NAME	
STREET ADDRESS	6597 MARBLETREE LANE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	

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:

QR Blt

3-8-06

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR